



HBANMS Membership Enrollment Form

Applicant: _____ Title: _____

Company: _____

Phone: _____ Fax: _____ Cell Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Brief Description of your business: _____

Membership Classification:

Please check one:

_____ **Builder \$480 New Builder Member**

If you are applying for BUILDER MEMBER status, you must provide to the HBA a copy of your Mississippi license.

_____ **Associate \$480 New Associate Member**

_____ **Affiliate (Someone from same company) \$294**

***Prior members that have lapsed and dropped from records will be considered a "new member"**

Sponsor's Name: _____

Important Notices

Annual membership dues for builder and architect members also include \$15 for a one-year subscription to BUILDER Magazine. Members may not deduct subscription prices from total dues.

Consent:

I agree to abide by the constitution and bylaws of the LOCAL Association to which this membership application is being directed, of the NATIONAL Association of Home Builders of the United States with which it is affiliated, and the STATE Association if such affiliation exists. A remittance of \$450 representing my annual membership dues accompanies this application.

I understand that dues payments are not deductible as charitable contributions for federal income tax purposes. However, dues payments may be deductible as an ordinary business expense, subject to exclusion for lobby activity. Because a portion of your dues is used for lobbying by NAHB, and HBAM (state) \$73.34 (2020), is not deductible for income tax purposes.

I understand that by providing the fax number above and signing this form, on behalf of my company/organization specified above, I consent to receive faxes sent by or on behalf of the National Association of Home Builders, and the affiliated state and local HBAs of which I am also a member. I further represent that I am authorized to give this consent on behalf of my company/organization.

Signature of Applicant: _____ Date: _____

_____ Check Attached Charge My _____ VISA _____ M/C _____ AmEx _____ Discover

Card # _____ Exp Date _____

Name on Card _____ Signature _____

Mailing Address of Card _____ State _____ Zip _____

Please Return to: HBANMS * 5627 Getwell Rd. Bldg. C, Suite 6 * Southaven, MS 38672

Tel. 662-349-0181 * Fax 662-349-0184