

# APPLICATION FOR HBA BUILDER MEMBERSHIP



**Home Builders Association of Greater Springfield**  
636 West Republic Rd. D108 • Springfield, MO 65807  
417-881-3711 • FAX: 417-881-7334 • www.springfieldhba.com

## Our Mission

"The Home Builders Association of Greater Springfield is the voice of construction professionals leading the way to protect and promote the American dream of home ownership."

Builder's Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

SS# \_\_\_\_\_ Fed ID# \_\_\_\_\_ E-Mail \_\_\_\_\_

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Physical Address \_\_\_\_\_ FAX# \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ County \_\_\_\_\_

Business Description \_\_\_\_\_ Mobile/Cell # \_\_\_\_\_

# Years as Home Builder (2 yrs min required) \_\_\_\_\_ # of Homes Built (5 min. required) \_\_\_\_\_

Please provide dated documentation to establish that the company above has been your primary business for at least 2 years.

Please circle the best way to correspond with you:      FAX              EMAIL              MAIL              PHONE

### CREDIT REFERENCES:

### REFERENCES

Bank: \_\_\_\_\_ Acct. Number \_\_\_\_\_

Bank Address \_\_\_\_\_

### Supplier References: (3)

Company Name	Address(required)	Zip	Email address or Fax. #
--------------	-------------------	-----	-------------------------

### Subcontractor References: (3)

Name	Address(required)	Zip	Email address or Fax. #
------	-------------------	-----	-------------------------

**Note: Certificates of Insurance For Workman's Compensation & General Liability Must Be Attached**

### CREDIT INFORMATION RELEASE

Applicant and/or principal owners or members hereby authorizes local the HBA of Greater Springfield (HBAGS) to conduct such investigation of applicant's activities, make such inquires and obtain credit reports as may be necessary for determination of applicant's and/or principal owner's or member's financial stability and record of dealing with buyers. Applicant and/or principal owners or members directs all credit reporting agencies, bank, supplier, and subcontractor references and any other knowledgeable source to make available information it may possess regarding undersigned applicant and/or principal owners or members.

I agree to abide by the Constitution, the Bylaws and the Code of Ethics of the Local Association to which this membership application is directed, of the National Association of Home Builders on the United States with which it is affiliated, and of the affiliated State Association. **A remittance of \$370.00 representing my annual membership dues in the affiliated Association accompanies this application.** I understand it may require 30 days minimum for this application to be checked with the screening committee. By my signature below, I also give my permission for the HBAGS to send me faxes, in accordance to the FCC/FTC broadcast limitations act.

\_\_\_\_\_  
Signature of Sponsor (Current HBAGS Member)

\_\_\_\_\_  
Signature of Principal Owner(s) of Applicant Company

**\*Application and proof of insurance must be complete and dues paid in full before application can be processed.**

Important Note: Dues payments to the HBA of Greater Springfield are NOT deductible as charitable contributions for federal tax purposes. However, dues payments may be deductible by members as ordinary and necessary business expenses.

