

**Application for Membership  
Annual Membership Dues $415**

**Marshall County Home Builder’s Association  
428 E. North Carlisle Street  
Albertville, Al 35950**  
**256-891-7061**[**mchba@bellsouth.net**](mailto:mchba@bellsouth.net) **www.marshallcountyhba.com**

**PLEASE COMPLETE EACH FIELD BELOW**

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 (THIS NAME MUST MATCH THE NAME USED TO APPLY FOR WORK COMP)

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Office Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Web Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Membership (Builders membership must provide Alabama Builder’s License Number)

Builder Membership\_\_\_\_\_ License #\_\_\_\_\_\_\_\_ Associate Membership\_\_\_\_\_ Affiliate Membership \_\_\_\_\_\_\_\_

Primary Business Activity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Business Activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List one category that you would like to be listed in MCHBA publications as\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(To apply for additional categories, affiliate membership can be obtained for a fee of $50 per category.)

I agree to abide by the constitution and bylaws of the MCHBA, of the National Association of Home Builders and the Home Builder’s Association of Alabama. A remittance of $415 representing my annual membership dues accompanies this application.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
  
Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check can be mailed to: Above Address or   
HBAA - P.O. Box 241305 - Montgomery, Al 36124-1305   
or Paid by Credit Card @ 1-800-745-4222