



# HOME BUILDERS ASSOCIATION OF GREATER CHATTANOOGA

To apply for membership, print and complete application form and return it with payment to:  
HBAGC, 3221 Harrison Pike, Chattanooga, TN 37406



## APPLICATION FOR MEMBERSHIP

### PART I - Member Directory, Website, & Contact Info (Please Print)

Previous Member  New Member

\*Name: \_\_\_\_\_ Title: \_\_\_\_\_

\*Company Name: \_\_\_\_\_

\*Business Street Address: \_\_\_\_\_ \*P.O. Box: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_ County: \_\_\_\_\_

\*Business Phone: \_\_\_\_\_ \*Cell Phone: \_\_\_\_\_

\*E-Mail: \_\_\_\_\_ Web Address: www. \_\_\_\_\_

*\* All of the above information is posted on [www.hbagc.net](http://www.hbagc.net) unless otherwise directed.*

Please DO NOT list: \_\_\_\_\_

### PART II - Membership Type

\*Builder/Remodeler: \$540

\*Associate: \$495

\*Affiliate: \$175  
*(Employee of Builder/  
Remodler or Associate)*

*\*In the event of a dues increase  
subject to change without notice.*

### PART III - Special Interests

Membership Committee

Remodelers Council

Light Commercial  
Construction Council

Special Events Committee

Innovation & Technology Council

Associates Council

Home Show Committee

Showcase of Homes Committee

### PART IV - Selection Information

Yes, I wish to have my website linked to [www.hbagc.net](http://www.hbagc.net) for a one time cost of \$50. Please include payment with application.

Yes, I wish to have my business logo linked to [www.hbagc.net](http://www.hbagc.net) for a one-time cost of \$50.

Yes, I wish to have both my website and business logo linked to [www.hbagc.net](http://www.hbagc.net) for a one-time cost of \$75.

Directory Category Name Listing(s): \_\_\_\_\_

*(Example: Builder | Drywall | Lighting | Insurance | Real Estate | Realtors - First category free, \$25 for each additional category)*

### PART V - Sponsor Information Person ID (Pin) #: \_\_\_\_\_

Which current HBAGC Member is sponsoring your application for membership? *(If you do not have a sponsor, please leave blank.)*

Name: \_\_\_\_\_ Company: \_\_\_\_\_

### PART VI - Payment Information Check Credit Card

MasterCard  Visa  Discover  American Express

CC #: \_\_\_\_\_ CRV #: \_\_\_\_\_  
(3 or 4 digit security code)

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/YYYY) Billing Zip Code: \_\_\_\_\_  
(From your card statement)

Name on Credit Card: \_\_\_\_\_

I hereby give HBAGC permission to contact me with information, reminders, sponsorship opportunities at any of the above listed addresses, phones, fax, or e-mail.

Name *(Please Print)*: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*My signature on this form gives HBAGC my permission to contact me and my company by mail, phone, e-mail and fax.*

**For Additional Information Call: 423.624.9992 | Fax: 423.624.9435 | E-mail: [info@hbagc.net](mailto:info@hbagc.net) | [www.hbagc.net](http://www.hbagc.net)**