



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 unless otherwise directed.*

Please **DO NOT** list: _____

PART II - Membership Type

*Builder/Remodeler: \$650

*Associate: \$650

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

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

PART III - Special Interests

Remodelers Council

Membership Committee

Special Events Committee

Associates Council

Home Show Committee

Parade of Homes Committee

PART IV - Selection Information

Yes, I wish to have my website linked to 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 for a one-time cost of \$50.

Yes, I wish to have both my website and business logo linked to 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

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 | www.hbagc.net