



Home Building Association of Greater Portland Membership Application

Date of Application: _____/_____/_____

Company Name _____ Primary Member Contact _____

Address _____

City _____ Zip _____ Sponsor/Person referring you to HBA _____

Phone () _____ Cell () _____ Fax () _____ CCB # _____

Email _____ Website _____

Business category(s) _____

* Business listing categories for our online & print directories (Max 2). See our website at <https://web.hbapdx.org/allcategories> for available categories.

Builder Member (Builder/Developer/Remodeler)			
Annual Gross Revenue	Paid in Full	Monthly	Comp. Affiliate
<input type="checkbox"/> Less than \$1,250,000	\$902	\$78.50	1
<input type="checkbox"/> \$1,250,001-2,500,000	\$1135	\$98.00	1
<input type="checkbox"/> \$2,500,001-5,000,000	\$1457	\$125.00	2
<input type="checkbox"/> \$5,000,001-10,000,000*	\$1780	\$152.00	3
<input type="checkbox"/> \$10,000,001-25,000,000*	\$2494	\$211.50	4
<input type="checkbox"/> Over \$25,000,000*	\$3464	\$292.50	4

Trade Contractor/Associate Member (Trade Contractor/Supplier/Industry Professional)			
Number of Employees	Paid in Full	Monthly	Comp. Affiliate
<input type="checkbox"/> 0-1 Employees	\$902	\$78.50	0
<input type="checkbox"/> 2-10 Employees	\$1135	\$98.00	1
<input type="checkbox"/> 11-25 Employees	\$1457	\$125.00	2
<input type="checkbox"/> 26-50 Employees	\$1780	\$152.00	3
<input type="checkbox"/> 51 or more Employees	\$2494	\$211.50	4

*Dues aren't tax-deductible as charitable contributions for federal income tax, but may be partially deductible as a business expense. Consult your tax advisor. 31% of dues and 100% of per unit assessments are non-deductible, allocated to advocacy and lobbying.

*Large volume builders pay additional assessments for advocacy. If you are a higher tier member our staff will contact you to discuss payment details.

- Dues Paid in Full**
 Monthly Payment Plan **Must complete and sign the 12-pay Dues Authorization & Agreement Form. A processing fee for the monthly dues option is included.
 SIGN ME UP for Annual Auto Renewal of Monthly Payment Plan ** Must check the Annual Auto Renewal check box on Authorization & Agreement Form.

Affiliate Membership - \$99 each optional Affiliate Members are additional employees who would like to receive HBA special member benefits & communications
Enter "\$0" on line to right if your company qualifies for a Complimentary Affiliate

Name _____ Phone () _____ Email _____

Name _____ Phone () _____ Email _____

Name _____ Phone () _____ Email _____

Councils - optional (person named must be the Primary Contact or an Affiliate of the Company)

- PWB - Professional Women in Building \$85 Name _____
 RCB - Remodeling & Custom Building \$85 Name _____
 HPC - HomePerformance Council \$85 Name _____

Total Due Today →

Totals	
Affiliates(s)	\$ _____
Councils	
PWB	\$ _____
RCB	\$ _____
HPC	\$ _____
PAC	\$ _____
Membership	\$ _____
\$	

Support Oregonians for Affordable Housing - optional

- PAC - Oregonians for Affordable Housing
 Support the HBA's political advocacy efforts to promote pro-housing candidates and issues by making a donation.

Initial _____ I attest that the above information is accurate and true regarding my company and its building activity or staff size. I also agree to abide by the bylaws and Code of Ethics of the Home Building Association of Greater Portland. In the Event of termination of membership, I agree to immediately discontinue use of the Home Building Association's logo & member benefits in any form.

PAYEE: HOME BUILDING ASSOCIATION OF GREATER PORTLAND (HBAGP)	
PAYER/COMPANY NAME	PHONE NUMBER
NAME ON ACCOUNT (PLEASE PRINT)	AUTHORIZED SIGNATURE
<input type="checkbox"/> DEBIT/CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX	CARD NO. _____ EXP. DATE _____/_____ ZIP CODE _____ CVV CODE (3 DIGIT CODE ONBACK) _____