



Home Builders Association of Metropolitan 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 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	\$754	\$66.25	1
<input type="checkbox"/> \$1,250,001-2,500,000	\$945	\$82.25	1
<input type="checkbox"/> \$2,500,001-5,000,000	\$1210	\$104.25	2
<input type="checkbox"/> \$5,000,001-10,000,000*	\$1475	\$126.50	3
<input type="checkbox"/> \$10,000,001-25,000,000*	\$2061	\$175.25	4
<input type="checkbox"/> Over \$25,000,000*	\$2856	\$241.50	4

*Permit fees for builders & developers will be added beginning of the 2nd year of membership

Associate Member (Trade Contractor/Supplier/Industry Professional)			
Number of Employees	Paid in Full	Monthly	Comp. Affiliate
<input type="checkbox"/> 0-1 Employees	\$754	\$66.25	0
<input type="checkbox"/> 2-10 Employees	\$945	\$82.25	1
<input type="checkbox"/> 11-25 Employees	\$1210	\$104.25	2
<input type="checkbox"/> 26-50 Employees	\$1,475	\$126.50	3
<input type="checkbox"/> 51 or more Employees	\$2061	\$175.25	4

Monthly Payment Plan **Must complete and sign the 12-pay Dues Authorization & Agreement Form. A processing fee for the monthly dues option is included. Debit/credit card is required

Dues Paid in Full

Affiliate Membership - \$99 each optional Affiliate Members are additional employees who would like to receive HBA special member benefits & communications

Enter "50" 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 _____

PRO - Professional Remodelers Organization \$85 Name _____

HPC - Home Performance Council \$85 Name _____

Total Due Today →

Totals	
Affiliates(s)	\$ _____
Councils	
PWB	\$ _____
PRO	\$ _____
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 Builders Association of Metropolitan Portland. In the event of termination of membership, I agree to immediately discontinue use of the Home Builders Association's logo & member benefits in any form.

PAYEE: HOME BUILDERS ASSOCIATION OF METRO PORTLAND (HBAMP)	
PAYER/COMPANY NAME	PHONE NUMBER
NAME ON ACCOUNT (PLEASE PRINT)	AUTHORIZED SIGNATURE
DEBIT/CREDIT CARD	CARD NO. _____ EXP. DATE ____/____/____
<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX	ZIPCODE _____ CVV CODE (3 DIGIT CODE ON BACK) _____