



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 <small>(Builder/Developer/Remodeler)</small>			
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

Associate Member <small>(Trade Contractor/Supplier/Industry Professional)</small>			
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

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

Dues payments are not deductible as charitable contributions for federal income tax, but may be deductible as ordinary business expense. \$100.64 of the dues is not deductible for income tax purposes, as it is used for lobbying by NAHB and OHBA.

- 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 "\$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 _____
- 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) _____