

Rutherford County Home Builders Association

Application for Membership

Date of Application: ____/____/____

Company Name: _____

Company Owner: _____

Company Address: _____

Builder: Yes _____ No _____

Describe your business _____

Company E-Mail: _____

Company Telephone: _____

Company Fax: _____

Company Representative: _____

Representatives Cell Phone: _____

References:

(name) _____ (Telephone) _____

(name) _____ (Telephone) _____

(name) _____ (Telephone) _____

I agree to abide by the Constitution and By-Laws of the Local Association to which this membership application is directed, of the National Association of Home Builders of the United States with which it is affiliated, and of the affiliated State Association. A remittance of **\$418.00** representing my annual membership dues in the affiliated association accompanies this application.

I understand that annual membership dues must be paid in order to participate in the Builders Mutual Workman's Compensation Program. If annual dues are not paid to the Rutherford County Home Builders Association, insurance coverage will be canceled.

_____ signature of applicant

Please fill out application and make a check out in the amount of \$418.00. Mail check and application to: RCHBA c/o Laura Bailey 2735 Whitesides Road, Forest City NC 28043