



St. Clair County Home Builders Association  
**P.O. Box 543 Pell City AL 35125**  
**Office Phone/Fax: 205-884-0838**

**APPLICATION FOR MEMBERSHIP**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
 (Street, City, State, Zip)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

**REQUIRED Email:** \_\_\_\_\_ **Website:** \_\_\_\_\_

Specify your primary business activities: \_\_\_\_\_

Total Number of employees, including yourself: \_\_\_\_\_ Tax ID# \_\_\_\_\_

References: \_\_\_\_\_

Reason for joining: \_\_\_\_\_

**Builders: Annual number of residential dwellings:**

\_\_\_\_\_ 0 Units      \_\_\_\_\_ 25-100 Units  
 \_\_\_\_\_ 1-10 Units      \_\_\_\_\_ 101-500 Units  
 \_\_\_\_\_ 11-25 Units      \_\_\_\_\_ Over 500 Units

**Do you carry workers' compensation?** Yes \_\_\_\_\_ No \_\_\_\_\_ (See note at bottom)

**Do you carry liability insurance?** Yes \_\_\_\_\_ No \_\_\_\_\_

**What is your city business license number?** \_\_\_\_\_

**What is your state home builder license number?** \_\_\_\_\_

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 is affiliated, and of the affiliated state association if such affiliation exist. A remittance of **\$450.00** representing my annual membership in the affiliated association accompanies this application. By signing below I acknowledge that I have worked in St. Clair County.

Sponsored by: \_\_\_\_\_  
 \_\_\_\_\_ (Signature of Applicant)

Sponsors Company: \_\_\_\_\_

**Please Note:** Dues paid to your local home builders' association are NOT deductible as charitable contributions for tax purposes. However, dues payments may be deductible by members as an ordinary and necessary business expense. Please fill out this form completely including Email Address. Please provide references of a builder or association who is a member of our association.

\*If you plan to apply for workers' compensation insurance through the state home builders self-insurance fund, please be advised that acceptance of this application by the SCHBA board of directors does not guarantee your acceptance into the fund.

**Builder and Associate Dues: \$450.00**