

APPLICATION FOR MEMBERSHIP



HOME BUILDERS & REMODELERS ASSOCIATION OF NEW HAMPSHIRE

119 Airport Road • Concord, New Hampshire 03301

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For office use only

Ck.# _____
Amount _____
Date _____
Entered _____
Local Board Review _____

BUILDER MEMBER ASSOCIATE MEMBER AFFILIATE MEMBER

Firm Name: _____

Member's Name: _____ Title: _____

Address: _____ City: _____ ST: _____ Zip: _____

Business Phone: _____ Cell: _____ Fax: _____

E-mail: _____ Web: _____

Billing Contact & Address (if different from above): _____

Number of Full Time Employees: _____ Do you offer health insurance: Yes No

If yes, how many employees are covered under your current program: _____

Preferred Method of Contact: Email Fax USPS Mail



Complete the following 3 steps to Customize Your Membership (1) CHOOSE LOCAL ASSOCIATION(S) DUES

- Concord \$440
- Connecticut Valley \$435
- Lakes Region \$460
- Manchester \$450
- Nashua \$460
- North Country \$435
- Seacoast \$450
- Southern \$460
- Southwestern \$435
- White Mountain \$435
- Affiliate Member(s) \$ 95

See back page for explanation
Primary Member Name: _____

(Required for affiliate members only)

(2) CHOOSE SPECIALTY AREA(S)

- Associates Council \$ 25
- Remodelors Council \$ 75
- Sales & Marketing Council \$ 50
- Women's Council \$ 50
- NAHB Commercial Builders Council \$ 75
- Build Green NH Council \$ 75

(3) OTHER DONATIONS:

- HBRANH Legal Action Fund \$ _____
This fund has been established to coordinate the membership's efforts to address government imposed barriers including, but not limited to, growth moratoriums, code restrictions, impact fees, etc.
- HBRANH Pac Fund \$ 25
The HBRANH PAC exists to support state and local candidates for public office who support housing and small business related legislation and regulations in the Granite State.

TOTAL \$ _____

ASSOCIATE MEMBERS ONLY:

Nature of your business for listing in membership directory: _____

Visit www.hbranh.com for an extensive list of available categories

MEMBERSHIP PROFILE INFORMATION NEXT PAGE MUST BE COMPLETED

I understand that my membership dues entitle me to the benefits and services of the National Association of Home Builders and the State and Local Associations. I will abide by the By-laws and Code of Ethics of the Association and will promote the objectives of the Association to the best of my ability.

Amount Paid: \$ _____ Cash Check # _____

Optional 3 Payment plan (Builder & Associates Only) Status "pending" until complete. See reverse for details. Choosing this program indicates that you have read and understand the HBRANH 3 Payment Plan as outlined on the back of this application and, further, you authorize HBRANH to process the appropriate credit or debit card charges as explained.

Credit Card: VISA MC AMEX DISCOVER

Card #: _____ Expiration Date: _____

Issued to: _____ CVV code _____

My Sponsor: _____ (Required)

Sponsor's #: _____ (If known)

List 2 Business References (Required):

Name: _____ Bus. Phone: _____

Name: _____ Bus. Phone: _____

I understand that by providing my mailing address, email address, telephone number, cell phone number, and fax number, I consent to receive communications sent by or on behalf of the HBRANH (and its subsidiaries and affiliates) via regular mail, email, telephone, cell phone or fax. I understand that the HBRANH will not share my address/email/telephone/fax with other organizations. Full policy available at <http://www.hbranh.com/index/join>

Applicant's Signature: _____ Date: _____

Dues payments to HBRANH are NOT deductible as charitable contributions for federal tax purposes. However, dues payments may be deductible as an "ordinary and necessary" business expense, subject to an exclusion for lobbying activity. Because a portion of your dues is used for lobbying by NAHB and the HBRANH, 11% of the total dues, is not deductible for income tax purposes.

MEMBERSHIP PROFILE INFORMATION

This code must be completed before application can be processed.

The Membership Profile is designed for use by NAHB and its affiliated state and local associations to provide services which respond to the changing needs of our membership. Also, if you don't know the exact answer for a particular block, please give your best estimate.

NOTE: Affiliate members use codes that pertain to your employer.

MEMBERSHIP CLASSIFICATION - (check only one)

Builder, Remodeler, General Contractor members -

Associate members, i.e. suppliers, vendors, sub-contractors -

Affiliate members are employees of a firm represented by a builder or associate member of the same local association -

OCCUPATION CODES

Builders & Remodelers ONLY - enter the number 1 on the appropriate line. Select only from occupation codes A-L.

- | | |
|---|---|
| ___ (A) Builder - Single-family, Custom | ___ (G) Builder - Non-residential, Other |
| ___ (B) Builder - Single-family, Spec/Tract | ___ (H) Contractor - General |
| ___ (C) Builder - Multi-family, Condominium/Co-op | ___ (I) Contractor - Remodeling/Rehab., Commercial |
| ___ (D) Builder - Multi-family, Rental | ___ (J) Contractor - Remodeling/Rehab., Residential |
| ___ (E) Builder - Non-residential, Industrial | ___ (K) Land Developer |
| ___ (F) Builder - Non-residential, Office/Retail | ___ (L) Home Manufacturer |

Associates ONLY - enter the number 1 on the appropriate line. Select only from occupation codes M-Z.

- | | |
|---|---|
| ___ (M) Accountants | ___ (T) Property Management |
| ___ (N) Architects, Planners, Designers & Engineers | ___ (U) Real Estate - Sales Brokerage |
| ___ (O) Attorneys | ___ (V) Retail Dealers |
| ___ (P) Financial | ___ (W) Subcontractors - Carpentry |
| ___ (Q) Insurance & Title Companies | ___ (X) Subcontractors - Other |
| ___ (R) Marketing & Communications | ___ (Y) Wholesale Dealers/Distributors |
| ___ (S) Product Manufacturers | ___ (Z) Other (<i>Please specify</i>) _____ |

OCCUPATION CODES

All Members - enter number 2 on lines A-Z above, for the company's 2nd most important business activity.

OCCUPATION CODES

All Members - enter number 3 on lines A-Z above, for the company's 3rd most important business activity.

ESTIMATED TOTAL NUMBER OF PAID EMPLOYEES

All members, enter total number of employees, including member, on payroll of member's firm and affiliated companies. Use up to four digits; insert only one digit in each box. ___ ___ ___ ___

(Will be used only to identify employment impact of industry.)

ANNUAL DOLLAR VOLUME OF ALL CONSTRUCTION DEVELOPMENT

Complete only if member is involved in one or more construction and/or development activities. Check appropriate dollar range from (1)-(4) based on total volume from all construction/development activities in previous twelve months.

- | | |
|-----------------------------------|------------------------------------|
| ___ (1) Under \$1 million | ___ (3) \$5 million - \$10 million |
| ___ (2) \$1 million - \$5 million | ___ (4) Over \$10 million |

ANNUAL NUMBER OF RESIDENTIAL DWELLING UNITS

Complete only if member produces residential units (sale or rental) through new construction, conversion or rehabilitation. Check appropriate range based on all residential units produced in previous 12 months.

- | | |
|----------------------|-------------------------|
| ___ (1) 0 Units | ___ (4) 26 - 100 Units |
| ___ (2) 1 - 10 Units | ___ (5) 101 - 500 Units |
| ___ (3) 11-25 Units | ___ (6) Over 500 Units |

MONEY BACK GUARANTEE

If, within the first year of your membership you are not completely satisfied, the HBRANH will refund the amount of your **STATE DUES**. To qualify for this refund, you must have participated in at least one HBRANH committee, attended at least two HBRANH events and have been present at a minimum of three local association meetings (bringing a prospective member to at least one) within one year.

HBRANH 3 PAYMENT PLAN

1. Three payments in than three consecutive months, \$200, \$175, and the balance of the dues based on the local association that you join. Payment may be made by credit or debit card ONLY.
2. Applicant will authorize automatic payments for the two remaining installments
3. Final payment in the third month will be due or made automatically approximately 5 days before the end of the month to allow for processing and forwarding to NAHB
4. Membership will be "pending" until approval of application by local association.
5. Cancellation from this program by the applicant before final payment is received or failure to make scheduled payments, will result in forfeiture of all amounts paid.
6. Cancellation from this program by the local association, HBRANH or NAHB will result in a refund of monies paid to date.