



Home Builders Association of Greater Peoria

1599 N Main Street ▲ East Peoria, IL 61611
Phone 309-699-5500 ▲ Fax 309-699-5600
Visit us on line at PeoriaHBA.com

Application for Membership

Membership Type: (check only one)

BUILDER @ \$470 Annual Dues

- or -

ASSOCIATE @ \$470 Annual Dues

Company Name: _____

Company Representative: _____
(one person per company serves as Voting Representative and receives postal mailings)

Company Address: _____

City, State & Zip: _____

Telephone: _____ **Fax:** _____

Web Site: _____ **Email:** _____

► **Please list the e-mail of other employees you would like to have receive our member e-newsletter:**

Please list in 15 words or less what product/service your company provides to the home building industry:

Builder Members Only:

List annual dollar volume of construction: \$ _____

Builder Members Only:

List annual number of residential dwellings: \$ _____

Builder & Associate Members:

List total number of paid employees, including the above listed company representative: \$ _____

Did someone specific encourage you to join HBAGP?
If so, please list name: _____

I agree to abide by the Constitution and ByLaws of the HBA of Greater Peoria (HBAGP), the National Association of Home Builders (NAHB) and the Home Builders Association of Illinois (HBAI) with which it is affiliated. A remittance of \$470 representing my annual dues payment is enclosed with this application. I understand that my Application for Membership will not be processed without payment in full of the annual dues amount.

I understand that by becoming an HBAGP member I am entitled to use the HBAGP logo to promote my business and my support of the Association. In the event I should cancel or discontinue my membership in the Home Builders Association of Greater Peoria, I hereby agree to cease use of the logo to promote my business and I agree to remove it immediately from any printed materials, correspondence, web sites, vehicles or signs to which it may be affixed. I also understand that I would not be entitled to receive any further special offers or discounts offered to members.

I am hereby informed that dues payments to HBAGP are not deductible as charitable contributions for federal income tax purposes. I understand that I must consult my own CPA for guidance on how to expense the cost of dues to my business since a portion of my dues are used by HBAI and NAHB for lobbying. My signature below indicates my agreement to abide by all conditions of HBAGP membership.

SIGNATURE OF APPLICANT: _____

Title: _____ **DATE:** _____