

MEMBERSHIP APPLICATION

Home Builders Association of Greater Des Moines
6751 Corporate Drive • Johnston, IA. 50131 • Ph: 515-270-8500
Fax: 515-334-0165 • E-mail: info@dsmhba.com



INFORMATION

Company Name _____
Address _____
City, State Zip _____
Office Number _____
Fax Number _____
E-Mail _____
Web Site _____
Primary Business Category _____
(visit <http://members.dsmhba.com/login> to add more than one category)

TOP EXECUTIVE(S)

Name _____
Name _____
Primary Contact Name _____
Phone _____
Cell Phone _____
Email _____
Year Established _____ Number of Employees _____
Reason for joining _____
Sponsored By _____

REFERENCES

CUSTOMER REFERENCES *(clients you have done work for)*

Name _____
Phone _____
Name _____
Phone _____

TRADE REFERENCES *(businesses you have worked with)*

Name _____
Phone _____
Name _____
Phone _____

BANK REFERENCES

Name _____
Phone _____
Name _____
Phone _____

Please list all business that you have been the primary owner for in the past 5 years.

Name _____
Year _____
Name _____
Year _____
Name _____
Year _____

MEMBERSHIP CLASSIFICATION

- BUILDER MEMBER - **\$580.00 per year**. Shall be open to any person, firm or corporation that builds, remodels or develops land commercially or residentially.
- ASSOCIATE MEMBER - **\$580.00 per year**. Shall be open to any person, firm or corporation engaged in a trade, industry or profession related to building.
- AFFILIATE MEMBER - **\$75.00 per year**. Shall be open to any person that is an employee of a current Builder or Associate member. The affiliate receives an individual membership in NAHB, including all benefits.

Subtotal \$ _____
One-time Administration Fee \$35.00
REMODELERS COUNCIL MEMBER -
\$95.00 per year \$ _____
PROFESSIONAL WOMEN IN BUILDING
COUNCIL MEMBER -
\$100.00 per year, \$60.00 second person \$ _____
Total Membership Fee \$ _____

PAYMENT OPTIONS

- Check
- Credit Card Information
- Name on Card _____
Card Number _____
Expiration Date _____ CVV _____
Billing address _____
City, State Zip _____

Thank you for completing the application. By submitting this application, you give permission for the HBA of Greater Des Moines to verify and check all references listed and agree to pay the total membership amount above within 30 days of the date signed. Memberships are non-refundable. Any omissions will cause a delay in approval.

Name _____
Signature _____
Date _____

PLEASE INCLUDE PROOF OF INSURANCE