

Columbia County Builders Association

824 N W Emerald Lakes Drive, Lake City, FL 32055

Phone: 386-867-1998 Fax: 386-754-8751

www.buildcolumbiacounty.com

E-mail: colcountybuild@comcast.net

APPLICATION FOR MEMBERSHIP

Renewals – please complete so we may update your information.

Company Name _____

Address _____ City & State _____ Zip _____

Phone _____ Fax _____ Cell _____

E-mail _____

Website _____

Individual Name _____ Referred by _____

Type of Business _____

My signature on this form gives CCBA my permission to contact me and my company by mail, phone, email and fax.

CHOOSE YOUR MEMBERSHIP TYPE

____ **Builder** **Annual Dues: \$395** **License Number** _____

All builders MUST submit a copy of their General Liability & Worker's Comp insurance (or exempt status)

Renewals do not need to submit insurance info. If our info is not current, you will be contacted.

____ **Associate** **Annual Dues: \$395** **License Number** _____

Depending upon your type of business, we may need proof of insurance (please contact the office, 386-867-1998)

____ **Affiliate** **Annual Dues: \$100**

Affiliate members are employees of Builder and Associate members. The Affiliate membership allows employees to enjoy NAHB benefits at a reduced dues investment. (Not all HBA's offer the Affiliate membership, nor is it a requirement to do so. Please complete the information below if you want an Affiliate membership for an employee.

Affiliate Name _____ Cell _____

Job title _____ Phone (if different than company phone) _____

Payment Options:

____ **Full annual payment** ____ **Check Enclosed** ____ **Credit card*** There is a 3% convenience fee for use of a credit card.

____ **Three month payment plan** (Your name will not be submitted to NAHB till paid in full.)
1st month - \$140 due 2nd month - \$128 due 3rd month - \$127 due

Amount to be charged on card \$ _____ Card number _____

Exp. date ____ Digits on back _____ *Signature _____

My signature above authorizes CCBA to charge my card in full or on a 3 month payment plan – Check choice above.

Signature required _____ Date _____

PLEASE FAX TO: 386-754-8751 or mail to CCBA at address above. THANK YOU.