

Professional Women in Building Council Membership Application

HBA of Greater Grand Rapids PWB

Applicant Information

First Name _____ Last Name _____

Company/Organization Name _____

Company Address _____

City _____ State _____ Zip Code _____

Check here if your mailing address is the same as your company address

Mailing Address _____

City _____ State _____ Zip Code _____

Business Phone _____ Cell Phone _____

Preferred Email Address _____

List Your Local HBA _____ NAHB MSN _____

Payment Information - \$75/year (Payment must be enclosed to process application)

Cash Check Credit Card (Please select credit card type) Visa Mastercard Discover American Express

Name on Credit Card _____

Credit Card Number _____

Expiration Date ____ / ____ Security Code _____ Billing Zip Code _____

Signature for Payment Authorization (\$75) _____

Agreement

By signing, I agree to abide by the Bylaws (and all amendments thereof) and Articles of Incorporation of the National Association of Home Builders Professional Women in Building Council and the Affiliated Local Council herein above mentioned. I confirm that I am a member in good standing of my local HBA.

Signature _____ Date _____

FOR HBA STAFF ONLY

Received by _____ Date _____

Notes _____