



**HOME BUILDERS & REMODELERS ASSOCIATION
of WESTERN MASSACHUSETTS**

MEMBERSHIP APPLICATION

Applicant: _____

Company Name: _____

Title: _____

Address: _____

City/State/Zip: _____ Email: _____

Bus. Phone: _____ Fax: _____ Cell #: _____ Website: _____

Sponsored By: _____

(The first and last name of a current member of the HBRA -WM)

Membership Annual Dues

___ Builder \$360
___ Associate \$360
___ Affiliate \$100

Cash/Check or Credit Card accepted
(PAYABLE TO THE HBRAWM)

MA Contractors License No: _____ Expires _____ HIC #: _____ Expires _____

Primary Business Activity _____

Date Company Established: _____

ATTACH 3 LETTERS OF REFERENCE FROM COMPANIES YOU DO BUSINESS WITH; OR PROVIDE THE CONTACT INFORMATION BELOW. (ONE must be from a Bank or Supplier; ONE from a tradesperson (Builder, Remodeler, Subcontractor, etc.) and ONE Customer.

	<u>Trades Person</u>	<u>Supplier/Bank</u>	<u>Customer</u>
Name:	_____	_____	_____
Address:	_____	_____	_____
City/St/Zip:	_____	_____	_____
Phone:	_____	_____	_____

I understand that my membership is contingent upon review and approval by the Home Builders Association of Western Massachusetts Board of Directors. I attest that I am of good character and reputation in the community and that all the information provided here is accurate to the best of my knowledge and belief. I agree to abide by the By-Laws and Code of Ethics of the Home Builders & Remodelers Association of Western Massachusetts.

Signature: _____ Date: _____