HOME BUILDERS & REMODELERS ASSOCIATION OF WESTERN MASSACHUSETTS



MEMBERSHIP APPLICATION Revised 1/1/2021



240 Cadwell Drive-Springfield, MA 01104 413-733-3126

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PLEASE COMPLETE THE FOLLOWING AS YOU WISH IT TO APPEAR ON THE NATIONAL AND LOCAL WEBSITES. PLEASE PRINT.

APPLICANT S NAME & TITLE:						
COMPANY NAME:						
BUSINESS ADDRESS:						
BUSINESS PHONE:	CELL PHONE:					
EMAIL ADDRESS:	WEB ADDRESS:					
SPONSORED BY: (The first and last name of a current HBRAWM member and their Company name, if applicable.)						
MA CSL No. (if applicable)PRIMARY BUSINESS ACTIVITY:	•				·	
ANNUAL MEMBERSHIP DUES:BUILDER MEMBER-\$435.00 (Anyone employed by a company in the building & design field.)ASSOCIATE-\$435.00 (Anyone with an interest in the building industry.)AFFILIATE-\$125.00 (Your Company is already a member & you will receive the same benefits at a reduced cost.)						
I understand that my membership is contingent upon review and approval by the Home Builders & Remodelers 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. A remittance for annual dues is included with this application. I understand that I will be invoiced for my dues annually each year thereafter, 60 days prior to the end of my anniversary month. Signature: Date:						
Check Attached	(Charge My	VISA	MC	AMEX	
Card #:		,				
Card Holder Name:		Signature:				
Mailing Address of Card:		State:			_ Zip:	
Please mail to: HBRAWM, 240 Cadwell Dr	Sprinafield	MA 01104 or 6	email to boo	kkeeper@h	brawm.com Rev. 1.1.2021	