

1645 Avenue D, Suite F Billings, MT 59102 PO Box 20461 Billings, MT 59104 Phone: 406-252-7533 Fax: 406-248-8611 www.hbabillings.net

## **APPLICATION FOR MEMBERSHIP**

## **CONTACT INFORMATION**

| COMPANY NAME:                                        |                                                                                                                                     |                                                       |                            |                                           |                                                   |  |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------|-------------------------------------------|---------------------------------------------------|--|
| CONTACT NAME:                                        | WORK PHONE:                                                                                                                         |                                                       |                            |                                           |                                                   |  |
| COMPANY ADDRESS:                                     | CELL PHONE:           FAX NUMBER:           EMAIL:           WEBSITE:                                                               |                                                       |                            |                                           |                                                   |  |
| CITY:                                                |                                                                                                                                     |                                                       |                            |                                           |                                                   |  |
| STATE:                                               |                                                                                                                                     |                                                       |                            |                                           |                                                   |  |
| ZIP:                                                 |                                                                                                                                     |                                                       |                            |                                           |                                                   |  |
| OPT-IN                                               | [] I would like to receive meeting/event reminders via text to my cell phone number above.                                          |                                                       |                            |                                           |                                                   |  |
| HBA MEMBER NAME:                                     | Please name one current member                                                                                                      | COMPAN                                                | el influenced yo           | our decision to join.                     |                                                   |  |
|                                                      | At least one reference f                                                                                                            | REFERENCES rom a current member of the HBA            | A of Billings is r         | equired.                                  |                                                   |  |
| 1. COMPANY NAME / C                                  | ONTACT PERSON / PHONE N                                                                                                             | UMBER:                                                |                            |                                           |                                                   |  |
| 2. COMPANY NAME / C                                  | ONTACT PERSON / PHONE N                                                                                                             | UMBER:                                                |                            |                                           |                                                   |  |
| 3. COMPANY NAME / C                                  | ONTACT PERSON / PHONE N                                                                                                             | UMBER:                                                |                            |                                           |                                                   |  |
|                                                      | N                                                                                                                                   | IEMBERSHIP DUE                                        | S                          |                                           |                                                   |  |
| □ BUILDER MEMBER (\$                                 | 467 REQUIRED) □ ASSO                                                                                                                | CIATE MEMBER (\$467 REC                               | QUIRED)                    |                                           | BER*(\$70 REQUIRED) ee of existing member company |  |
| may be deductible as ordinary and r                  | is to the Home Builders Association of Bil<br>lecessary business expense, subject to ex<br>B) and the Montana Building Industry Ass | clusion for lobbying activities. Becaus               | se a portion of yo         | our dues is used for lobbying             | g purposes by the National                        |  |
| which this membership a<br>National Association of H | n, I accept that I agree to ab<br>pplication is directed, of the<br>Home Builders of the United<br>pers) representing my annua      | affiliated State Association States (NAHB). A remitta | n (Montana<br>ance (\$467. | Building Industry A<br>OO for Builder and | ssociation), and of the                           |  |
| SIGNATURE OF APPLICAN                                | IT:                                                                                                                                 | AYMENT OPTION                                         | DA                         | TE:                                       |                                                   |  |
|                                                      | <u>P</u> .                                                                                                                          | AYMENT OPTION                                         | <u>S</u>                   |                                           |                                                   |  |
| Check (Enclosed with Applic                          | ation)Credit Card: V                                                                                                                | ISA American Ex                                       | press                      | Master Card                               | Discover                                          |  |
| Credit Card Holder:                                  |                                                                                                                                     |                                                       |                            |                                           |                                                   |  |
| Credit Card Number: _                                |                                                                                                                                     |                                                       |                            |                                           | _                                                 |  |
| Billing Address & Phor                               | e (if different than above)                                                                                                         |                                                       |                            |                                           |                                                   |  |
|                                                      | of card):                                                                                                                           |                                                       |                            |                                           |                                                   |  |
|                                                      | <i>ONLY</i> - Spike ID (NAHB PIN #):                                                                                                |                                                       |                            |                                           |                                                   |  |

## MEMBERSHIP CLASSIFICATION

| 1. PRIMARY ACTIVITY:                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SECONDARY ACTIVITY:                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                             | TERTIARY ACTIVITY:                                                                                   |                                                                                                                                                          |  |  |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
|                                                                                                                | * Builder Members must choose of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | a "Builder Clas                                                                | ssification" as their Primary Activity; any act                                                                                                                                                                                                                                                                                                                                                                                             | ivity can be                                                                                         | chosen thereafter *                                                                                                                                      |  |  |
|                                                                                                                | BUILDER CLASSIFICATIONS  A Single Family Spec/Tract Building B1 Single Family General Contracting B2 Single Family Custom Building C Multifamily Building (condo/coop units) D Multifamily Building/Ownership (rental) E Multifamily General Contracting F Remodeling – Residential G Remodeling – Commercial H Commercial Building (own account) I Commercial General Contracting J Land Development K Manufacturing Modular/Panelized/Log  ASSOCIATE CLASSIFICATIONS L Accounting M1 Architecture M2 Engineering | O C P1 C P2 M Q Ir R M S B T P U R V U Z C C RETAIL V1 A V2 B V3 F V4 P V5 C C | computer Products & Services commercial Banking/Thrift Institution Mortgage Banking nsurance or Title Company Marketing/Advertising/Public Relations suilding Material Manufacturing troperty Management teal Estate Utilities Other Associate — specify above L DEALERS/DISTRIBUTORS suppliances (retail) suilding Materials/Lumber (retail) loor Coverings (retail) saint/Wall Coverings (retail) Other Retail Dealership — specify above | W3<br>W4<br>W5<br>W6<br>W7<br>W8<br>W9<br>WA<br>WC<br>WD<br>WZ<br><b>WH0</b><br>X1<br>X2<br>X3<br>X4 | Masonry/Stone/Tile Setting/Plastering<br>Landscaping<br>Plumbing/Heating/Air Conditioning<br>Roofing/Siding/Sheet Metal Work<br>Painting & Paper Hanging |  |  |
|                                                                                                                | M3 Planner or Designer N Legal Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                | Carpentry Work<br>lectrical Work                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                      |                                                                                                                                                          |  |  |
| 2.                                                                                                             | NUMBER OF EMPLOYEES:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Enter ti                                                                       | he total employees in the blanks pro                                                                                                                                                                                                                                                                                                                                                                                                        | ovided –                                                                                             | include the member in your figure                                                                                                                        |  |  |
| 3.                                                                                                             | BUILDER ANNUAL DOLLAR VOLUME:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                | Enter the approx. annual dol                                                                                                                                                                                                                                                                                                                                                                                                                | lar volum                                                                                            | ne of new residential construction                                                                                                                       |  |  |
| 4.                                                                                                             | BUILDER ANNUAL RESIDENTIAL UNITS: Enter the number of residential dwelling units built in the past yea                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |                                                                                                                                                          |  |  |
| 5.                                                                                                             | MEMBER'S BUSINESS TITLE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |                                                                                                                                                          |  |  |
|                                                                                                                | Please choose up to tw                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                | RECTORY LISTINGS es for our HBA Membership Directory that b                                                                                                                                                                                                                                                                                                                                                                                 | est fit you                                                                                          | r business.                                                                                                                                              |  |  |
| Accounting Contractors – Contractors – Advertising & Public Relations Contractors – Appliances Contractors – F |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Remodeling                                                                     | Home Theater & Automatior<br>Hot Tubs/Spas/Saunas<br>Insulation                                                                                                                                                                                                                                                                                                                                                                             | 1                                                                                                    | Real Estate Agencies<br>Roofing<br>Sand & Gravel                                                                                                         |  |  |

Architects Copying & Printing Association Countertops Deck & Deck Materials Attorneys Audio/Video Doors

Automotive Dealer & Repair Banks & Mortgage Companies

Blue Printing

Cabinets **CAD Drafting** Carpentry

Closet Design & Supply Computer Concrete – Flatwork Concrete - Footings/Foundations/Walls

**Construction Waste** 

Contractors - Commercial

Drywall **Electrical Contractor Engineers Equipment Dealers & Rentals** Excavation/Demo/Hauling Fencing Fireplace & Stove Flooring Furniture Government

Heating & Air Conditioning

Home Inspection

Insurance Interior Design **Land Developers** Landscape Lighting Log Home Builder

Lumber & Building Materials Masonry & Stone

**Metal Buildings** Molding & Millwork Painting & Paper Hanging Plumbing & Septic Systems

**Portable Toilets** Railing & Stairs Rain Gutters

**Recreational Equipment** 

Scaffolding Security Systems

Siding Signs Steel Work Survevor

Swimming Pools/Outdoor Furniture

**Title Companies** 

Tools

Truss Manufacturers **Utility Companies** 

Water System & Treatment

Windows

## **CODE OF ETHICS**

All members of the Association shall agree to observe and be bound by the following Code of Ethics.

- (a) Members shall constantly seek to provide better values, so that an ever-greater share of our people may enjoy the benefits of home ownership.
- (b) Members shall strive to develop the efficiency of the home building industry to the end that labor may receive its just and proper reward.
- (c) Members shall at all times contribute their knowledge in home building to the best interest of those they serve.
- (d) Members shall not obtain any business by means of fraudulent statements or by use of implications unwarranted by fact or reasonable probability.
- (e) Members shall comply both in spirit and in letter with rules and regulation prescribed by law and government agencies for health, safety, and progress of the community.
- (f) Members shall be alert to examine proposed or enacted State and Local legislation detrimental to social, economic and political progress.
- (g) Members shall not perform, or cause to be performed, any act which would tend to reflect on, or bring into disrepute, any part of the home building industry.