



**Asheville
Home Builders
Association**

AFFILIATE MEMBERSHIP APPLICATION

One of the many ways to increase your company's competitive edge and involvement in the AHBA is by adding your employees and co-workers as Affiliate Members. An Affiliate Member receives the same benefits of membership at the local, state and national level at just a quarter of the price of your company's primary membership. Affiliate Members are not eligible to serve on the Board of Directors, Chair a Committee or vote. Multiple memberships within the AHBA offer a great networking tool by having more than one company representative at AHBA networking events. In addition, your company will also be represented in multiple categories in the online member directory since each member may be listed in up to two business categories. To join an Affiliate member, your company must already have a current Builder or Associate Membership with the AHBA. To apply, simply complete this form and return to the AHBA office by fax or mail.

CURRENT AHBA MEMBER OF RECORD:

_____ Company Name		_____ Current AHBA Member	
_____ Company Mailing Address		_____ City/ State/ Zip	
_____ Phone	_____ Fax	_____ Email Address	

AFFILIATE MEMBER APPLICANTS:

**Visit www.AshevilleHBA.com/directory for a complete list of business categories to choose from.*

1			
_____ Name		_____ Title	
_____ Mailing Address, if different than above		_____ Email Address	
_____ *Online Business Category 1		_____ *Online Business Category 2	
_____ Work Phone		_____ Cell Phone	

2			
_____ Name		_____ Title	
_____ Mailing Address, if different than above		_____ Email Address	
_____ *Online Business Category 1		_____ *Online Business Category 2	
_____ Work Phone		_____ Cell Phone	

3			
_____ Name		_____ Title	
_____ Mailing Address, if different than above		_____ Email Address	
_____ *Online Business Category 1		_____ *Online Business Category 2	
_____ Work Phone		_____ Cell Phone	

AFFILIATE MEMBER DUES PAYMENT:

Affiliate member dues \$100 per member per year with a one-time \$25 application fee per form.

Total Amount Due: \$ _____ Payment Method: Check Visa MasterCard

_____ Card Number		_____ Exp Date	_____ 3-digit Code
_____ Name on Card		_____ Signature	_____ Date