



Asheville Home Builders Association Member Directory Listing Packages

Business Name: _____ Phone: _____

Contact Name: _____ Email: _____

All Members of the AHBA receive the benefit of a free company listing on the AHBA Online Membership Directory. On this basic listing, all member company names are listed with the inclusion of the member contact, business address, phone, fax, email, website link and directory listing in two categories. With the completion of our new website, we now have the capability to offer our members even more benefits through the AHBA website. We are excited to share with you two packages below that offer members the opportunity to upgrade their basic directory listing.

Logo Package (\$100)

- ❖ Full-color Company logo displayed on AHBA Member Directory listing for one full year.
- ❖ Logo links directly to Company Website.

Profile Feature Package (\$100)

- ❖ "View Member Profile" link on Member Directory listing for one full year.
- ❖ Link brings up a 50 word max Company Profile and full-color Company logo that links directly to Member Company website.
- ❖ While user is viewing the Member Profile, screen fades to background and profile becomes prominent.

Add-on Affiliate Members (\$50)

- ❖ May only be added to primary packages listed above
- ❖ Price includes ALL Affiliates under Company

Discount: Any member purchasing the Logo Package AND the Profile Feature Package will receive a discounted price of \$150.

Billing terms: This form must accompany payment in full. Payments may be made by Credit Card or Check and must be received before the additions will be made.

Cancellations: Cancellations will not be accepted. All listings will run for one full year from date of purchase. All members will receive a renewal letter prior to the expiration date of the listing. Postings not renewed by the member prior to the expiration date will be removed from the site on the expiration date.

Package Selection: Logo (\$100) Profile Feature (\$100) Logo & Profile (\$150) Affiliates (\$50)

CHARGE MY CREDIT CARD FOR THE TOTAL AMOUNT INDICATED		<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
Card Number:	<input type="text"/>	Exp. Date:	<input type="text"/>
Billing Address:	<input type="text"/>		
<input type="checkbox"/> Charge Credit Card Full Amount		<input type="checkbox"/> Check Enclosed	*Payment must accompany this form.
Total Amount Charged: \$	<input type="text"/>		
Signature:	<input type="text"/>		

I have read and understand the above contract and agree to the terms and conditions listed herein. *I will be contacted by the AHBA upon receipt of this form.*

AHBA Member's Signature

Date (DD/MM/YY)

Office use:
Date Received: _____
Total Amt: _____
Amt Received: _____

Send Contract to: PO Box 9722 Asheville NC 28815
Phone: 828-299-7001 Fax: 828-299-7008 Email: kc@ashevillehba.com