



AFFILIATE MEMBERSHIP APPLICATION

Date: _____ Company Name: _____

Company Address _____

City: _____ State : _____ Zip: _____

New Affiliate
Member Name _____ Title: _____

Business Phone: _____ Fax: _____

E-Mail _____

Website _____

NIHBA Sponsor: _____
Member who invited you to join NIHBA

MEMBERSHIP: available to any company that has for a period of one or more years engaged in the business of building, rebuilding or remodeling homes, or business related to the building industry and who subscribes to the NIHBA Code of Ethics and is of good character and business reputation.

Annual dues payment for Affiliate Membership is \$150.00 per year

Your dues include membership to the following: NIHBA, Home Builders & Remodelers Association of Illinois, and National Association of Home Builders

- OPTION 1:** attached is my check for **\$150**. Made payable to: Northern Illinois Home Builders Association
- OPTION 2:** please bill my credit card for **\$150**. *A 3.5% credit card fee will be applied*

Charge my Credit Card _____ MC _____ Visa _____ AmEx _____ Discover

CREDIT CARD # _____

Billing Address: _____

Expiration Date: _____ Verification # _____ Name on CC _____

By my signature, I hereby attest that I will abide by the Bylaws of the Association and subscribe to its Code of Ethics.

Signature: _____ Title: _____