Application Form

Payment must accompany this application

D. D. W. A. P. A. Y.	DI.	T.	0.11
Business Name (if none, Applicant Name)	Phone	Fax	Cell
Email Address			
Business Address	City	State	Zip
Type of Business			
Firm Representative to LHBA	Title		
The firm representative to LHBA will be the voting member is contact in LHBA membership records.	n all LHBA elections	s, will receive all mailings a	nd will be listed as the main
Provide a Brief Description of Business for Newsletter and Me	embership Directory	,	
Membership Qualifications	, Require	ments and I	Dues
Builder/Remodeler/Developer – MEMBERSHIP DU Individuals, firms and corporations whose business is construct		of residential housing or de	eveloping residential ground.
Associate Members – MEMBERSHIP DUES \$485/YEA Individuals, firms or corporation engaged in any trade industrincluding after market firms.		ch supplies, and/or services	s the home building industry
In making application for membership, I agree to abide by the Association of Home Builders. In the event of termination, I a have read, understood and accepted the schedule of dues base	igree to discontinue	use of both the Association	n's insignias in any form. I
Sponsored by		Get	Involved and Get Connected
Signature of Applicant	Data		dibility
Please return completed application with payment to:	Date	Net	work
Lawrence Home Builders Association		Con	tacts
P.O. Box 3490 Lawrence, KS 66046		Nev	vs and Education

Visibility