

# **MEMBERSHIP APPLICATION**

# New Hampshire Home Builders Association

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For office use only
Ck
Amount
Date
Entered

	☐ BUILDER	☐ ASSOCIATE	☐ AFFILIATE	
Company Name:				
Brief Description of Busine	ss:			No. Years in Business
First Name:		Last Name:		Title:
Address:			City:	State:Zip:
Telephone:		Cell:		Fax:
:-mail:			Web:	
Billing Contact & Address (	if different from above):_			
MEM	BERSHIP PROF	TILE INFORMATION (	ON NEXT PAGE MU	UST BE COMPLETED
		-		
CHOOSE LOCAL ASS	OCIATION	PAYMENT \$		
		□ Cash □ Check	Credit Card: □ VISA	A □ MC □ AMEX □ DISCOVER
		Card #		
		Expiration Date:	C	VV Code:
		Issued to:		
			nent Plan_(Builders & Ass	ociates only with valid credit/debit card)
		<ul> <li>Optional 3-Month Payn</li> <li>\$200.00 due with appl</li> <li>Balance spread equal</li> </ul>	nent Plan_(Builders & Assication  Iy over the next 2 months	ociates only with valid credit/debit card)
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### MEMBERSHIP PROFILE INFORMATION

(must be completed before application can be processed)

The Membership Profile is designed for use by the National Association of Home Builders (NAHB) and its affiliated state association and local association to provide services which respond to the changing needs of our membership. If you don't know the exact answer for a section, please give best estimate.

**NOTE:** Affiliate members use codes that pertain to your employer.

### MEMBERSHIP CLASSIFICATION (check only one)

- O Builder, Remodeler, General Contractor
- Associate Member (suppliers, vendors, subcontractors
- Affiliate Members (employee of member company represented by a Builder or Associate member of the same local association)

### **OCCUPATION CODE 1**

#### **Builders & Remodelers ONLY**

(Select only from occupation codes A-K)

- (A) Single Family Spec/Tract Building
- (B1) Single Family General Contracting
- (B2) Single Family Custom Building
- (C) Multifamily Building (Condo/Coop Units)
- O (D) Multifamily Building/Ownership (Rental Units)
- (E) Multifamily General Contracting
- O (F) Remodeling Residential
- O (G) Remodeling Commercial
- (H) Commercial Building (Own Account)
- (I) Commercial General Contracting
- O (J) Land Development
- (K) Manufacturing of Modular/Panelized Log Homes

NUMBER OF EMPLOYEES	FT	PT	
Do you offer health insurance?			
If yes, how many employees a covered under your current pla	re n?		_

## **SOCIAL NETWORKING**

- Facebook
- LinkedIn
- Twitter

HOW DID	YOU HEAR ABOU	UT US?	

### **SECONDARY ACTIVITY (1), TERTIARY ACTIVITY (2)**

The **tertiary** industry is the segment of the economy that provides services to its consumers; this includes a wide

range of businesses such as financial institutions, schools and restaurants. It is also known as the **tertiary sector** or service industry/**sector**.

0	(W4)	Landscaping	
0	(W5)	Plumbing/Heating/Air Conditioning	
0	(W6)	Roofing/Siding/Sheet Metal Work	
0	(W7)	Painting and Paper Hanging	
0	(W8)	Floor Laying and Other Floor Work	
0	(W9)	Concrete Work	
0	(WA)I	Excavation Work	
0	(WC)	Land Surveyor	
0	(WD)	Security Systems	
0	(X1)	Appliances	
0	(X2)	Building Materials/Lumber	
0	(X3)	Floor Coverings	
0	(X4)	Paint/Wall Coverings	
0	(Y)	Utilities	
0	(Y2)	Industry Consultant	
0	(Y3)	Trade Association/Non-Profit	
0	(WE)	Insulation Work	
0	(WF)	Drywall Installation	
0	(Q2)	Home Technology	

### **DOLLAR VOLUME**

○ Less than \$500,000	\$10 Million - \$15 Million
⊃ \$500,000 - \$1 Million	O More than \$15 Million

○ \$1 Million - \$5 Million○ \$5 Million - \$10 Million

No Construction Activity

## **NUMBER OF UNITS**

<ul> <li>Zero Units Started</li> </ul>	O 26 – 100 Units Started
○ 1-10 Unites Started	O 101-500 Units Started
	O Over 500 Units Started

Dues payments to NHHBA are NOT deductible as charitable contributions for federal tax purposes. However, dues payment may be deductible as an "ordinary and necessary" business expense, subject to an exclusion for lobbying activity. Because a portion of your dues is used for lobbying by NAHB and the NHHBA, 28% of the total dues, is not deductible for income tax purposes.

### **MONEY BACK GUARANTEE**

If, within the first year of your membership you are not completely satisfied, NHHBA will refund the amount of your STATE DUES ONLY. To qualify for this refund, you much have participated in at least one NHHBA Committee, attended at least two NHHBA events and have been present at a minimum of three local association meetings (bringing a prospective member to at least one) within one year.