



## APPLICATION FOR MEMBERSHIP

NAME OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_ NEXTEL # \_\_\_\_\_

LNHBA MEMBER COMPANY \_\_\_\_\_

LNHBA MEMBERSHIP # \_\_\_\_\_  BUILDER MEMBER  ASSOCIATE MEMBER

REFERRED BY \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS:

WHEN IS YOUR BIRTHDAY? \_\_\_\_\_

WHAT IS YOUR AREA OF EXPERTISE WITHIN YOUR COMPANY? (OWNER, SALES, ACCOUNTING, ETC)  
\_\_\_\_\_

PLEASE INDICATE WHICH OF THE FOLLOWING COMMITTEES YOU WOULD BE INTERESTED IN SERVING:

- SCHOLARSHIP       COMMUNITY SERVICE       PROGRAMS
- WAYS AND MEANS       EDUCATION / HOMES OF OUR OWN

In making this application, I agree to abide by the Bylaws ( and all amendments thereof ) and Articles of Incorporation of the National Association of Home Builders Women's Council and the Lake Norman Home Builders Association Women's Council.

I attach a remittance of \$75.00 as payment of my annual dues in the LNHBA Women's Council.

APPLICANT SIGNATURE \_\_\_\_\_

Return completed application with payment to:

Lake Norman Home Builders Association  
836-D Williamson Road, Mooresville, NC 28117  
Fax (704) 664-0290  
Questions? Call (704) 664-5622