

Company Name \_\_\_\_\_

P O Box 425, Lake City, FL 32056 Phone: 386-288-6548

E-mail: <a href="mailto:ccbafla@gmail.com">ccbafla@gmail.com</a>
Website www.https://buildcolumbiacounty.com

## **APPLICATION FOR MEMBERSHIP**

Renewals – please complete so we may update your information.

Address		City & State	Zip
<sup>5</sup> hone	Fax	Cell _	
Ē-mail			
Website			
ndividual Name	Referred by		
ype of Business			
CHOOSE YOUR MEMBE	RSHIP TYPE		
All builders MUST su	ubmit a copy of their G	5 License Number General Liability & Worker's Comp insunce info. If your info is not current	
		License Number e may need proof of insurance (please	
under their name by state and nation	? That would be and an all under their name or so.) Please, comp	employees to have a membership a Affiliate membership. For only \$7 e. (Not all HBA's offer this Affiliate elete information below if you want to be fee is only \$100 per employee, page 100 per employee, page	100 they can be recognized type membership, nor is it a an Affiliate membership for
		Affiliate Annual Dues: \$10	00
ffiliate Name		Cel	I
ob title	Phone (if different than company phone)		
	s Annual Dues: \$ umbia County Builders		