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Website www.https://buildcolumbiacounty.com

APPLICATION FOR MEMBERSHIP

Renewals – please complete so we may update your information.

| Company Name | | | |
|---|---|--|--|
| Address | City | & State | Zip |
| Phone | Fax | Cell | |
| E-mail | | | |
| Website | | | |
| Individual Name | Referred by | | |
| Type of Business | | | |
| CHOOSE YOUR MEMB | ERSHIP TYPE | | |
| All builders MUST s Renewals do not r Associate Depending upon you Would you like o under their nam by state and nation | Annual Dues: \$555 Lice our type of business, we may need to more) of your employees e? That would be an Affiliate monal under their name. (Not all do so.) Please, complete informan employee. The fee is on | tense Number Il proof of insurance (please contained) s to have a membership to COnnembership. For only \$100 the HBA's offer this Affiliate type in the plant of | ct the office, 386-288-6548) CBA, NAHB and FHBA ey can be recognized membership, nor is it a filiate membership for |
| | Affiliate | Annual Dues: \$100 | |
| Affiliate Name | | Cell | |
| Job title | Phone (if different than company phone) | | |
| Business Partne Membership for Co | rs Annual Dues: \$200 lumbia County Builders Associatio | on only | |
| Signature required | | Date | |