

COLUMBIA COUNTY  
**BUILDERS'**  
ASSOCIATION



P O Box 425, Lake City, FL 32056  
Phone: 386-623-7355

E-mail: [ccbafila@gmail.com](mailto:ccbafila@gmail.com)  
Website [www.colcountybuild@comcast.net](http://www.colcountybuild@comcast.net)

## **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 MEMBERSHIP TYPE**

\_\_\_\_\_ **Builder**      **Annual Dues: \$555**      **License Number** \_\_\_\_\_

All builders MUST submit a copy of their General Liability & Worker's Comp insurance (or exempt status)

**Renewals do not need to submit insurance info. If your info is not current, you will be contacted.**

\_\_\_\_\_ **Associate**      **Annual Dues: \$555**      **License Number** \_\_\_\_\_

Depending upon your type of business, we may need proof of insurance (please contact the office, 386-288-6548)

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Would you like one (or more) of your employees to have a membership to CCBA, NAHB and FHBA under their name? That would be an Affiliate membership. For only \$100 they can be recognized by state and national under their name. (Not all HBA's offer this Affiliate type membership, nor is it a requirement to do so.) Please, complete information below if you want an Affiliate membership for an employee. The fee is only \$100 per employee, per year.

\_\_\_\_\_ **Affiliate**      **Annual Dues: \$100**

Affiliate Name \_\_\_\_\_ Cell \_\_\_\_\_

Job title \_\_\_\_\_ Phone (if different than company phone) \_\_\_\_\_

\_\_\_\_\_ **Business Partners**      **Annual Dues: \$200**

Membership for Columbia County Builders Association only

**Signature required** \_\_\_\_\_ **Date** \_\_\_\_\_

My signature on this form gives CCBA my permission to contact me and my company by mail, phone and fax.