

COLUMBIA COUNTY
**BUILDERS'
ASSOCIATION**



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

E-mail: ccbafila@gmail.com
Website [www.https://buildcolumbiacounty.com](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 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, 386-623-7355)

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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.