



# Professional Women in Building Council Membership Application

## Applicant Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Company/Organization Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Check here if your mailing address is the same as your company address

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

List Your Local HBA \_\_\_\_\_ NAHB MSN \_\_\_\_\_

## Payment Information

**\$725 [\$650/year HBA membership + \$75/PWB membership]**

**\$135 [\$60/year Employee of existing HBA member + \$75/PWB membership]**

Cash  Check  Credit Card (Please select credit card type)  Visa  Mastercard  Discover  American Express

Name on Credit Card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_ Security Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Signature for Payment Authorization \_\_\_\_\_

## Agreement

By signing, I agree to abide by the Bylaws (and all amendments thereof) and Articles of Incorporation of the National Association of Home Builders Professional Women in Building Council and the Affiliated Local Council herein above mentioned. I confirm that I am a member in good standing of my local HBA.

Signature \_\_\_\_\_ Date \_\_\_\_\_