

In making this application, I agree to abide by the constitution and By-laws and all amendments thereof, of the National Association of Home Builders of the United States and of the affiliated local association known as the Sevier County Home Builders Association and subscribe to their Code of Ethics.

In the event of cancellation of membership in the Association, I agree to discontinue immediately the use of its insignia in any form.

Attached is remittance of \$ \_\_\_\_\_, payable to Sevier County Home Builders Association representing my annual dues commencing with the date of approval by the SCHBA Board of Directors.

You will be required to attend a new member orientation to help you understand your membership in the Sevier County Home Builders Association, Home Builders of Tennessee and National Association of Home Builders.

**Fax/E-mail Consent: I understand that by providing the fax/e-mail number and signing this form, on behalf of my company/organization specified above, I consent to receive faxes/e-mails sent by or on behalf of the National Association of Home Builders and affiliated state and local HBAs of which I am also a member. I further represent that I am authorized to give this consent on behalf of my company/organization.**

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_



**Representing Sevier and Cocke Counties, Tennessee**

## **Member Application**

### **Mission Statement**

*The Sevier County Home Builders Association is a professional trade association committed to promoting a standard of quality housing. We are the leaders in providing education for the construction industry. We benefit the public by representing our industry before legislative and regulatory bodies to ensure our continued ability to provide safe, affordable housing.*

*Our primary goal as the leading authority in the housing industry is to continue to influence the decision making processes which control our industry and thereby our community.*

**SCHBA**  
Mail: P. O. Box 4653  
Sevierville, TN 37864

Phone 865.453.4712  
FAX 865.908.8220

Email: [schba@seviercountyhba.com](mailto:schba@seviercountyhba.com)  
[www.seviercountyhba.com](http://www.seviercountyhba.com)

# Membership Application

FIRM NAME: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL NO.: \_\_\_\_\_ WORK NO: \_\_\_\_\_

FAX NO.: \_\_\_\_\_ HOME NO: \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

**NOTE: THE ABOVE WILL APPEAR IN OUR DIRECTORY AND ALL RECORDS EXACTLY AS GIVEN. PLEASE GIVE PHONE NUMBER(S), CONTACT PERSON(S) AND ADDRESSES EXACTLY AS YOU WISH PUBLISHED. DIRECTORY IS AT WWW.SEVIERCOUNTYHBA.COM**

## Class of Membership Applying For:

- |  |   |  |
|--|---|--|
| 1. <b>Builder</b>  | <input type="checkbox"/> \$425/annually       |  |
| Registered Builder Warranty Program  | <input type="checkbox"/> \$100/one time fee   |  |
| <small>(Please furnish a copy of your warranty, a copy must be on file at the SCHBA office.)</small> |   |  |
| Remodelers Council   | <input type="checkbox"/> \$100/extra annually |  |
| 2. <b>Associate</b>  | <input type="checkbox"/> \$425/annually       |  |
| 3. <b>Affiliate</b> (employee of a member company)   | <input type="checkbox"/> \$100/extra annually |  |

TN Contractor's License No. \_\_\_\_\_

No. of Units per year \_\_\_\_\_ No. of Employees \_\_\_\_\_

MasterCard/Visa No. \_\_\_\_\_

Signature: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

*Dues payments to SCHBA are not deductible as charitable contributions for federal income tax purposes. However, payments may be deductible as ordinary and necessary business expense, subject to an exclusion for lobbying activity. A portion of your dues is used for lobbying by NAHB and HBA and is therefore not deductible.*  
 Mail: SCHBA, P. O. Box 4653, Sevierville, TN 37864

## BUILDER MEMBER OCCUPATION CODE NUMBERS

- |                                      |   |
|--------------------------------------|---|
| A Single Family, Spec/Tract          | F Remodeler, Residential                          |
| B1 Single Family, General Contractor | G Remodeler, Commercial                           |
| B2 Single Family, Custom             | H Commercial Builder                              |
| C Multifamily, Sale Units            | I Commercial Contractor                           |
| D Multifamily, Rental Units          | J Land Developer                                  |
| E Multifamily Contractor             | K Manufacturer of Modular, Panelized or Log Homes |

BUILDER MEMBER OCCUPATION CODE NUMBER: \_\_\_\_\_

## ASSOCIATE MEMBER OCCUPATION CODE NUMBERS

- |  |  |
|--|--|
| <p><b>Subcontractors and Specialty Contractors</b></p> <p>L Accounting</p> <p>M Architect, Planners Designers, Eng.</p> <p>N Legal Services</p> <p>O Computer Products &amp; Services</p> <p>P Financial Services</p> <p>Q Insurance and Title Companies</p> <p>R Marketing, Advertising &amp; Public Relations</p> <p>S Product Manufactures &amp; Rep.</p> <p>T Property Management</p> <p>U Real Estate</p> <p><b>Retail Dealers /Distributors</b></p> <p>V1 Appliances</p> <p>V2 Building Materials/Lumber</p> <p>V3 Floor Coverings</p> <p>V4 Paint/Wall Coverings</p> <p>V5 All other Retail Dealers</p> | <p><b>Wholesale Dealers &amp; Distributors</b></p> <p>X1 Appliances</p> <p>X2 Building Materials</p> <p>X3 Floor Coverings</p> <p>X4 Paint/Wall Coverings</p> <p>X5 All other Wholesale Dealers</p> <p>Y Utilities</p> <p>Z All Other _____<br/>(please specify)</p> |
|--|--|

ASSOCIATE MEMBER OCCUPATION CODE NUMBER: \_\_\_\_\_

- TITLE CODE: \_\_\_\_\_
- |                                      |                                   |
|--------------------------------------|-----------------------------------|
| 1 President/CEO                      | 5 Architect, Designer or Engineer |
| 2 VP/General manager                 | 6 Financial Manager/Director      |
| 3 Construction Superintendent        | 7 Owner, Principal, Partner       |
| 4 Sales & Marketing Director/Manager | 9 Other _____<br>(please specify) |

SPIKE CREDIT TO: \_\_\_\_\_ ID No. \_\_\_\_\_