

TVBA Membership Application

4 S. Washington Street, Winchester, VA 22601

Email: info@tvba.org p) 540.665.0365

Website: www.tvba.org



Your membership with us automatically generates membership in both the National Association of Home Builders (NAHB) and the Home Builders Association of Virginia (HBAV)! Please complete ALL sections of application. Dues are annually renewable and non refundable.

Authorized Signature of Applicant:

Signature: _

TVBA Member Sponsor: _

Manaatory		
COMPANY INFORMATION*		
Company Name:		
Mailing Address:		
City:	State:	Zip:
Phone:		
E-mail:		
Billing Address (if different):		
Phone:	Fax:	
City:	State:	Zip:
PRIMARY CONTACT PERSON*		
Name:	Position:	
Mobile Phone:		
MEMBERSHIP INFORMATION*	E-mail:	
<u> </u>	ode* Associate Code*	Δffiliate*
Classification of Membership: Builder Co	Employees*: Associate code	Armate
*See back of application for codes	Limployees : Aili	idai y voidine
METHOD OF PAYMENT		
Payment by: Check MasterCa	rd Visa Am/Ex	
Account #:		Zip Code:
Name on Card:	3 Digit	Security:
Name on Card: \$541 per Builder \$591 p	er Associate \$100 Affiliate (mus	t be an employee of current member)
Associate members provide products or services	s to builders. They sell lumber, windows, appliance existing member and reap the rewards of member make a donation of \$	ership at a fraction of the cost.
Dues payments may be deducted as an ordinary and necess deductible for income tax purposes as that portion is allocated as a second control of the control o		
MEMBERSHIP AGREEMENT		
 I/We certify that [1] the foregoing statements on unsatisfied financial obligations to this or any otl disqualified from participation in, any government 	her local, state or national associations and [B] I/we are not under suspension by, nor
• I/We agree, if accepted for membership, to abide Home Builders (NAHB), and the Home Builders		, of the association, the National Association of
• I/We fully understand and agree to the provision of termination of membership for any reason, I /v form.		ed until my/our dues are paid in full. In the event he TVBA, HBAV, and NAHB insignia in any
 By applying for TVBA membership and signing Association according to current FCC regulation sponsorship opportunities for which payment wo 	s. Although none of these will be solicitation	lls, faxes, emails and mailings from all levels of the is, they may include notices of events and

DATE:

PLEASE INDICATE ACTIVITY CODE \$VOLUME AND # OF EMPLOYEES

	Builder Member Activity Codes		bcontractor/Specialty Codes	D // OI		ociate Member Activity Codes	
	A Single Family Spec/Tract Building	W1	Carpentry	_	L	Accounting	
_	B1 Single Family General Contracting	_ W2	Electrical	_	M1	Architecture	
_	B2 Single Family Custom Building	_ W3	Masonry/Stone/tile/plaster	_	M2	Engineering	
_	C Multifamily Building (condo/Coop)	W4	Landscaping	_	M3	Planner/Designer	
_	D Multifamily Bld/Ownership (rentals)	_ W5	Plumbing/heating/air	_	N	Legal Services	
	E Multifamily General Contracting	_ W6	Roof/siding/sheet metal	_	О	Computer Products	
_	F Remodeling/residential	W7	Painting/paper hanging	_	P1	Commercial Banking	
_	G Remodeling/commercial	W8	Floor laying/other floor	_	P2	Mortgage Banking	
	H Commercial Building (own acct)	_ W9	Concrete work	_	Q	Insurance/title Company	
	I Commercial General Contracting	WA	Excavation work	_	R	Marketing/Advertising/PR	
_	J Land Development	_ WC	Land surveyor	_	S	Building Material Manufacturing	
_	K Manufacturing/Modular/Log/Panelized	_ WD	Security systems	_	T	Property Management	
				_	U	Real Estate	
	If you are a builder: Number of Units/Dwellings	_ V1	Retail Dealers/Distributors Appliances		Y	Utilities	
	1. 0	V2	Building Material/Lumber		Z	Other (specify)	
	2. 1-10	_ V3	Floor Coverings		Wholesale Dealers/Distributors X1 Appliances		
_	3. 11-25	_ V4	Paint/Wall Coverings	_			
	4. 26-100	V5	Other retail dealership	_	X2 Building Materials/Lumber		
_	5. 100-500		Total Paid Employees	_	X3 Fl	loor Covering	
_	6. No construction activity	1.	1-9	X4 Paint/Wall Covering			
	Annual Dollar Volume	2.	10-24	_	X5 O	ther wholesale Dealership	
_	1. Under \$500,000	_ 3.			carries liability and workers comp. insurance.		
_	2. \$500,000-999,999	4.	50-74	ovide pi	.001 01	msurance)	
	3. \$1 mil - \$499,999,000	5.	75-99I am not required to of exempt	carry workers compensation. (Please provide proof			
	4. \$5 mil- 9,999,999	6.	100+	,			
	5. \$10 mil or over		I have enclosed payr	nent for	our me	embership dues in the TVBA.	