



## AFFILIATE MEMBERSHIP APPLICATION

COMPANY NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

BUSINESS PHONE #: \_\_\_\_\_

FAX #: \_\_\_\_\_

MOBILE #: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

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

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

COMMENTS: \_\_\_\_\_

A remittance of \$45.00 representing my annual Affiliate Membership dues in the Affiliated Associations accompanies this application. I understand that my dues payment will also cover annual membership in the National Association of Home Builders (NAHB) and the Home Builders Association of South Carolina (HBASC). I agree to abide by the Constitution and By-laws of all three (3) Associations to which this membership application is directed.

**Lakelands Home Builders Association**

**P.O. Box 3194**

**Greenwood, SC 29648**

**(864) 229-7722 Fax: (864) 229-7722**

**Email: [homes@lakelandshba.com](mailto:homes@lakelandshba.com)**

**[www.lakelandshba.com](http://www.lakelandshba.com)**

*\*Please include one business card with your application for our records. Thank you!*