



HOME BUILDERS ASSOCIATION OF NORTHWEST INDIANA
APPLICATION FOR

ASSOCIATE MEMBERSHIP

Firm Name
Applicant's Name
Address City/State Zip
Phone Fax Mobile
E-mail Website

Business Title: Mark the code that best describes your business title
[ ] President/CEO [ ] Sales & Marketing [ ] Other (Specify)
[ ] VP/General Manager [ ] Manager/Director
[ ] Construction Superintendent [ ] Architect, Designer or Engineer
[ ] Owner, Principal or Partner

MANDATORY REFERENCES

Applications will not be processed unless two (2) references are supplied. Complete information is required.

BUSINESS REFERENCES

Company Contact
Address City
State Zip Phone
Company Contact
Address City
State Zip Phone

I am being sponsored for membership by:

Name Company

(This is the HBA of NWI member who encouraged you to join). If no member sponsor, please leave blank.

ASSOCIATE MEMBER CLASSIFICATIONS

- L Accounting W1 Carpentry Work
M1 Architecture W2 Electrical Work
M2 Engineering W3 Masonry, Stone Work, Tile Setting
M3 Planner of Designer W4 Landscaping
N Legal Service W5 Plumbing, Heating/Air Conditioning
O Computer Products and Services W6 Roofing, Siding & Sheet Metal Work
P1 Commercial Banking/Thrift Institution W7 Painting and Paper Hanging
P2 Mortgage Banking W8 Floor Laying & Other Floor Work
Q Insurance or Title Company W9 Concrete Work

R Marketing, Advertising, Public Relations  
 S Building Material Manufacturing  
 T Property Management  
 U Real Estate  
 Y Utilities  
 Z Other (specify)\_\_\_\_\_

WA Excavation Work  
 WC Land Surveyor  
 WD Security Systems  
 WZ Other Subcontractor (specify) \_\_\_\_\_

Wholesale Dealers/Distributors

X1 Appliances  
 X2 Building Materials/Lumber  
 X3 Floor Coverings  
 X4 Paint/Wall Coverings  
 X5 Other Wholesale Dealership (specify)

Retail Dealers/Distributors

V1 Appliances  
 V2 Building Material/Lumber  
 V3 Floor Coverings  
 V4 Paint/Wall Coverings  
 V5 Other Retail Dealership (specify)

**Primary Business Activity Code** Enter your most important business activity from the list above \_\_\_\_\_

**Secondary Business Activity Code** (if applicable) Enter your second most important business activity \_\_\_\_\_

**Third Business Activity Code** (if applicable) Enter your third most important business activity \_\_\_\_\_

**Number of years in business** \_\_\_\_\_ **Total number of employees** \_\_\_\_\_

**Were you a member of previously, including either Porter County Builders Association (PCBA) or Building Industries Association (BIA)?** Yes \_\_\_ No \_\_\_ If Yes, When? \_\_\_\_\_ PCBA or BIA? \_\_\_\_\_

**CODE OF ETHICS**

The Active Members of this Association shall be limited to those persons who shall subscribe to the following Code of Ethics.

Members of the **Home Builders Association of Northwest Indiana** believe and affirm that:

- Home ownership can and should be within the reach of every American family
- American homes should be well-designed and well-constructed
- Homes should be built under American free enterprise system

To achieve these goals, we pledge allegiance to the following principles and polices:

- ◆ Our paramount responsibility is to our customers, with high standards of health, safety and sanitation built into every home.
- ◆ As members of a progressive industry, we encourage research to develop new materials, new building techniques, new building equipment, and innovative methods of home financing. This research is to ensure every purchaser shall get the greatest value possible for every dollar.
- ◆ All members shall deal fairly with their respective employees, sub-contractors and suppliers
- ◆ We pledge our support to our associates, our local, state and national associations. We further pledge our support to all related industries concerned with the preservation of the American way of life, and the preservation of legitimate rights and freedoms.
- ◆ We assume these responsibilities freely and solemnly, mindful that they are part of our obligation as members of the **Home Builders Association of Northwest Indiana**

IN MAKING THIS APPLICATION I AGREE

- ◆ To abide by the Bylaws of the Association and all amendments thereof;
- ◆ To observe the Code of Ethics and, in the event of termination of membership, discontinue use of its insignia in any form;
- ◆ To give permission for investigation of any information given on this application;

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date

**INVOLVEMENT IN THE ASSOCIATION**

Your membership can provide many opportunities to reap the benefits of being part of an organization dedicated to the building industry. However, little or no participation in meetings and events severely limits the benefits you can receive. We encourage you to commit to:

- ATTENDING MONTHLY GENERAL MEMBERSHIP MEETINGS, **AND**
- BECOMING PART OF A COMMITTEE, **AND**
- PARTICIPATING IN AT LEAST ONE EVENT, **AND**
- SHARING AND PROMOTING HBA of NWI SOCIAL MEDIA POSTS

Please select at least one committee. Most committees meet at the convenience of the committee members. Involved members become permanent members-good for you and good for the Association!

- Government Affairs Committee:** Alerts the membership of local government decisions that could impact homebuilding industry. Gathers members support to defeat government regulations that could negatively impact homebuilding and more.
- Golf Outing Committee:** Organizes and oversees the annual membership golf outing which raises funds
- Membership Committee:** Organizes and implements membership drives, special membership events, and monitors retention
- Parade of Homes Committee:** Plans the annual event showcasing new homes for sale built by member builders.
- Porter/Lake County Home Shows:** Organizes annual Porter County trade show attracting thousands of people to draw sales leads to participating exhibitors.
- Programs/Education Committee:** Plans general meetings and other member opportunities for education and networking
- Building Indiana Committee/Ambassador:** Encourage Indiana residents to learn about construction craft careers and training opportunities now emerging in our state, and to qualify for and get jobs in these high-demand positions.
- Winter Gala Charity Benefit:** Help plan the annual charity gala, which highlights member accomplishments and helps raise sponsorships and auction donations for various NWI not-for-profit organizations.
- HBA SHAREity Raffle:** Help organize and run a 6-month charity raffle, which benefit multiple NWI not-for-profit organizations.

**MEMBERSHIP FEES**

\_\_\_ **Associate Member** \$550.00

\_\_\_ I am including an OPTIONAL donation to B-PAC (Builders Political Action Committee Fund). These funds are used to support the political campaigns of local and state candidates that support legislation friendly to the home building industry. If you are donating to the fund, please add \$25.

\_\_\_ **Affiliate Members** \$85.00 Annual Dues x \_\_\_ affiliate member(s) = \_\_\_\_\_ Total payment for affiliates  
 This membership enables more industry professionals to reap the rewards of membership at a fraction of the cost of a full membership. (There must be one member from the employer with full membership in order to add affiliate members)  
 If applicable, please list persons to add as Affiliate Members:

Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

**Total payment enclosed \$** \_\_\_\_\_ Payment in full is required with the application before membership will be considered. The board of directors reviews applications on the second Monday of each month. You will be notified by mail. If the application is not approved, the payment will be refunded in full.

**Send application with payment in full to:**  
**Home Builders Association of Northwest Indiana, 800 East 86<sup>th</sup> Ave., Ste. A, Merrillville, IN 46410**  
**Phone: 219-227-4749 • 219-464-2944 • Fax 219-525-4132 • [hbanwioffice@hbanwi.com](mailto:hbanwioffice@hbanwi.com) • Website [www.hbanwi.com](http://www.hbanwi.com)**

Please check card choice: Visa \_\_\_ MasterCard \_\_\_ American Express \_\_\_. Please provide the following information to process your credit card.

Name on card \_\_\_\_\_  
 Card's billing address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Card # \_\_\_\_\_ Security Code \_\_\_\_\_ Expiration \_\_\_\_\_  
 (3 digits on back of card)  
 Amount to charge on card \_\_\_\_\_