



# Home Builders Association of the Fox Cities

920 W. Association Dr. ■ Appleton, WI 54914

P: 920-731-7931 ■ F: 920-731-7968

www.hbafoxcities.com ■ www.foxcitiesparadeofhomes.com

## APPLICATION FOR AFFILIATE MEMBERSHIP

### Company Information—Primary Membership

Company Name \_\_\_\_\_

Type of Member ☐ Associate ☐ Builder

Primary Representative Name \_\_\_\_\_  
*Current HBAFC member of record*

### Affiliate Applicant Information

Name \_\_\_\_\_

Office Address \_\_\_\_\_

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

Office phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

Home Information (requested for advocacy purposes; optional & not published)

Address \_\_\_\_\_

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

Phone \_\_\_\_\_

### Participation

Maximize the return on your membership investment – get involved! Committee participation provides valuable small-group networking opportunities, developing camaraderie and lasting relationships. Committees meet during normal business hours at the HBA Fox Cities office in Appleton, and typically, meetings are held to one hour in length. If interested in serving, check one or two committees for which you'd like to receive more information and a meeting invitation:

- ☐ Community Outreach ☐ Government Affairs  
☐ Parade of Homes ☐ Membership Services

### Acknowledgements

- I, the undersigned, hereby apply for Affiliate membership in the Home Builders Association of the Fox Cities (HBAFC).
- I agree to abide by the provisions of the Code of Ethics & Performance, Policies and Bylaws of the Association throughout the tenure of my membership. I also agree to receive communications sent by or on behalf of HBAFC to the address, phone # and/or email listed on this application.
- I understand that membership in HBAFC shall be effective upon submission of this completed application and tender of first year's membership dues and applicable fees. If, after review of application, I am found ineligible for membership, a check for the dues amount will be returned to me via US Mail to the business address on this application; the processing fee will be retained.
- I understand that membership is for 12 months and if I am 30 days delinquent on remittance of membership dues, I will be considered resigned. I also understand that if the primary Builder or Associate member no longer has a membership in HBAFC, my membership must be transferred to the primary Builder or Associate (and the difference in membership dues will be owed to HBAFC), or, my Affiliate membership will no longer be valid.
- In the event of resignation, suspension or termination of membership in HBAFC, I agree to immediately discontinue advertising my membership and use of the HBAFC logo in any form. I agree that in the event of voluntary or mandatory membership termination, HBAFC will not refund any proration of annual dues.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Code of Ethics & Performance

As members of Home Builders Association of the Fox Cities, we engage in professional business and construction practices and accept the responsibilities and obligations inherent in the housing industry, adhering to the following objectives:

1. To meet all financial obligations, according to agreed-upon terms, in a responsible manner.
2. To comply with business contracts and agreements.
3. To keep informed and support public policies that affect our business interests, those of the building industry and the people we serve.
4. To comply with the rules and regulations prescribed by law and government agencies for health, safety and welfare of the community.
5. To respect and promote the Association's mission, purposes and activities and to refrain from any acts that are detrimental to the Association.
6. To not obtain any business through fraudulent means, knowing acts of omission or by use of implications unwarranted by fact or reasonable probability.
7. To support and abide by the decisions of the association in promoting and enforcing this Code of Ethics & Performance.
8. To abide by all state and federal anti-trust laws.

### Method of Payment

- Payment in full must accompany this application.
- Annual Affiliate Member dues\* are \$100.

\_\_\_ Check payable to HBA Fox Cities and mailed to:  
(Memo: Membership Dues)

HBA Fox Cities  
Attn: FAO  
PO Box 12237  
Green Bay, WI 54307-2237

\_\_\_ Credit card— call 920-731-7931

Dues payments are not deductible as charitable contributions for federal income tax purposes. However, dues payments may be deductible as ordinary and necessary business expenses; check with your accountant for details.

Questions regarding membership? Contact Business Development Specialist Cathy Skell, 920-731-7931 or [cathy.skell@hbafoxcities.com](mailto:cathy.skell@hbafoxcities.com).