

# APPLICATION FOR ADDITIONAL EMPLOYEE



## ADDITIONAL EMPLOYEE

Company \_\_\_\_\_

Additional Employee \_\_\_\_\_ Office Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

HBA Fox Cities Primary Representative aka Member of Record for Your Business? \_\_\_\_\_

### REQUIRED BACKGROUND INFORMATION

Have you ever been a member of Valley Home Builders Association / HBA Fox Cities?  No  Yes, \_\_\_\_\_ to \_\_\_\_\_

Are you a current member of another home builders association (HBA)?  No  Yes, \_\_\_\_\_

Are you a former member of an HBA?  No  Yes, \_\_\_\_\_

If you are/have been a member of an HBA, have you ever been:

Suspended from membership?  No  Yes Terminated from membership?  No  Yes

If so, which HBA(s)? \_\_\_\_\_

Have you owned, operated or done business under another company and/or personal name(s)?  No  Yes

If yes, please include name(s): \_\_\_\_\_

### ACKNOWLEDGMENTS

*I, the undersigned, hereby apply for 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 (copies available upon request). 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 application fee will be retained.*

*I understand that membership is for 12 months and if I am 15 days delinquent on remittance of membership dues, I will be considered resigned. I also understand that if the Primary Representative/Member of Record is no longer a member of HBAFC, I am ineligible for membership as an Additional Employee, and that my membership will be automatically resigned (membership can be reinstated if Primary Rep renews and/or if I move into the Primary Rep position). 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: \_\_\_\_\_

Did somebody recommend membership to you? If so, whom? \_\_\_\_\_

## Additional Employee: \$100/year

Membership dues are based on a 12-month period from the month of application.

Payment in full must accompany this application. Payments may be made via check (payable to HBA Fox Cities) and sent to the address below or via credit card by calling 920-731-7931.

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

Payments to HBA Fox Cities are not deductible as charitable contributions for federal income tax purposes; however, they may be deductible under other provisions of the IRS tax code. Contact your tax professional for specific tax advice.

HBA Fox Cities does not discriminate in membership on the basis of race, gender, ethnicity, religious creed, sexual orientation, age or against qualified handicapped person or qualified disabled veterans. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply the applicant will be accepted.

### QUESTIONS?

Contact Megan Schlimm,  
megan.schlimm@hbafoxcities.com  
920-731-7931

Revised July 2019