



## ASSOCIATE MEMBER

Date: \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_ TITLE \_\_\_\_\_

APPLICANT'S COMPANY NAME \_\_\_\_\_

Please indicate the name in which you wish the Membership Certificate issued: \_\_\_\_\_

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

TYPE OF BUSINESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_ FAX NO. \_\_\_\_\_

Social Security No. \_\_\_\_\_

**RECOMMENDED FOR MEMBERSHIP BY ONE BUILDER MEMBER:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

BANK OR OTHER REFERENCE:

(See included Article V), Initiation Fees \$250.00, Annual Dues:

In making this application, I agree to abide by the By Laws of the Puerto Rico Home Builders Association (and all amendments there of), and the Code of Ethics of the National Association of Home Builders of the United States, hereinafter NAHB. I also agree to pay the annual dues required by NAHB. In the event of written termination of membership in this Association, according to the By Laws, I agree immediately to discontinue the use of its insignia in any form. While this membership is active or even though I submit a written termination or the membership is discontinued for any other reason, I agree to pay any amount owed to this Association, including the payment of dues, events or other applicable charges. I assume this obligation and duty, both personally and as a representative of the company that submits this application. Additionally, I agree to update my corporate or contact information, on the Association database.

***I attached a remittance of \$250.00 representing my initiation Fee.***

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Please Print

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**DO NOT WRITE BELOW THIS LINE**

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

UNAPPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

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