



PROFESSIONAL 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:

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

DO NOT WRITE BELOW THIS LINE

APPROVED: _____

DATE: _____

UNAPPROVED: _____

DATE: _____

BY: _____

TITLE: _____