

MISSION STATEMENT

The Mission of the Lincoln County Home Builders Association is:

- to assist members by providing access to education, information and services they need to operate their businesses;
- to represent the home building industry and our members to local governments and home buyers;
- to provide affirmation of ethical business practices by our members

New Mexico Home Builders Association

Your membership in LCHBA automatically makes you a member of the New Mexico Home Builders Association. The state association has been serving the New Mexico building industry since 1956 as a state coordination body for all local HBAs.

National Association of Home Builders

Membership in LCHBA also includes membership to the National Association of Home Builders. The NAHB offers services in industry research, legislative and regulatory representation, business and construction legal assistance, industry news, statistical information, education, training and other special member benefits. You can find out more about the benefits of membership at www.nahb.com

MEMBERSHIP APPLICATION

Lincoln County Home Builders Association, Ruidoso, New Mexico

www.lchba.net

Being acquainted with the purpose of the Lincoln County Home Builders Association, Lincoln County, New Mexico, I, on behalf of myself and my firm listed below, wish to join the Association as

Builder Member Associate Member Affiliate Member

Firm Name

Telephone Number

Mailing Address

Cell Phone Number

City, State, Zip

Website

GB02

GB98 Other _____ (specify)

Email address

NM CID License Number, if applicable

Name and Title of Applicant's Representative (please print)

Builder/Associate* dues for one year \$425.00

Affiliate member* dues for one year \$ 70.00

Optional website link from LCHBA.NET \$ 25.00

Optional non-deductible Political Action Fund \$ 20.00

Primary Business: _____

Sponsored by

*An associate Member sells goods or services to the Construction Industry but isn't a Builder or licensed Tradesman.

*An Affiliate member is an employee of a member company.

Mail to: Lincoln County HBA, P.O. Box 2769, Ruidoso, NM, 88355

Attached is my check in the amount of \$_____. I understand that my company will be billed annually for membership dues. I further understand that I must maintain continuous membership to retain Builders Trust Workers Compensation Insurance.

Date

Signature of Applicant's Representative