CUSTOM BUILDER & REMODELER COUNCIL

Custom Builder & Remodeler Council of the HBA of Metro Denver Membership Application

The Custom Builder & Remodeler Council is a group of building professionals that seeks progress and prosperity for the Custom Home Builder, Remodeler, and Aging in Place Market. Our proactive approach to education, recognition and advocacy in the Denver Home Building Industry will provide a fresh perspective.

We will do this by:

- Providing educational opportunities specific to the Builder/ Remodeler's interests
- Promoting and supporting community involvement
- Creating recognition opportunities through the C.A.R.E Awards
- Advocacy for the Builder/Remodeler regarding proposed changes in industry regulations
- Providing networking opportunities with leaders in every facet of the industry

APPLICANT INFORMATION:

For Office Use Only

Member Number

Date/Check #/Amount

| Name | | | | |
|-----------------------|-------|-----|------|--|
| Title | | | | |
| Company | | | | |
| Street Address | | | | |
| City | State | | _Zip | |
| Phone | | Fax | | |
| Email | | | | |
| Recruited/Referred by | | | | |

All Members of the HBA of Metro Denver are eligible to become a member of the Custom Builder & Remodeler Council.

Membership in the Custom Builder & Remodeler Council includes membership in the local chapter of CBRC (\$50 per person per year) PLUS either NAHB's Remodelers Council (\$40 per person,

per year) or NAHB's 55+ Housing Industry Council (\$100 per person) or both.

Date Reported to NAHB_____

Date/Amount Charged/Approval

Please indicate your choice of NAHB Council affiliation:

□NAHB Remodelers Council \$90 □NAHB 55+ Housing Industry Council \$150 □Both NAHB Remodelers and 55+ Housing Industry Council \$190

Payment may be made by credit card or check payable to the HBA of Metro Denver. Please print clearly.

| VISA□ | MC□ | | Discover□ | (Check One) |
|-------|-----|--|-----------|-------------|
|-------|-----|--|-----------|-------------|

Card #_____

3 Digit Security Code (rear of card)

Card Expiration Date_____

Cardholder's Name

Cardholder's Signature

Credit Card Billing Address, Including Zip Code

Check Enclosed (If applicable)

Payable to HBA of Metro Denver

Mail completed application and check, if applicable to: HBA of Metro Denver 9033 E. Easter Place, Suite #200 Centennial, CO 80112 Or email signed form to tpaioff@hbadenver.com

Date/Check#/Amount