

Office: 423-667-5760 admin@orbatn.com



https://square.link/u/HcYX59zw

General Membership Application - Ocoee

Pay Online Link

Date:				
Applicant Name:			Title:	
Company:			Qualifying	Agent:
Mailing Address:				
City, State, Zip:				
Work Phone:			Cell Phone	9:
Email Address:				
Website:	Fax:			
Sponsor Member:				
Member Type	O Builder	O Associate	O Affil	iate (Contact us for Affiliate membership info.)
Education Benefit:	O Sign me up for continuing education credits. I am a contractor, and I would rather be awarded education credits for membership, than sit in class for 8 hours.			
Business Demographics				Membership Fees
TN Contractors License #				Builder or Associate = \$555
Primary business activity				Dues payment \$555.00
Secondary huginese estivity				Payment ontions:

Secondary business activity	Payment options:
3rd business activity	O Check (mail to address listed)
# of employees (include yourself)	O Credit Card (a 3.25% transaction fee
Dollar volume code	- will be applied for CC transactions)
Annual # of dwelling units built	- O ACH payments (call 615-777-1700)
	— 1

Consent:

I agree to abide by the constitution and bylaws of the Local Association to which this membership application is being directed, the affiliated State Association and of the National Association of Home Builders of the United States. A remittance of **\$545.00** representing my annual membership dues accompanies this application.

I understand that dues payments are not deductible as charitable contributions for federal income tax purposes. However, dues payments may be deductible as an ordinary business expense, subject to an exclusion for lobby activity. Because a portion of your dues is used for lobbying by NAHB, HBAT, and local association, 30% of the total dues, or \$163.50, is not deductible for income tax purposes in 2022.

I understand that by providing the email and fax number above and signing this form, on behalf of my company/or I consent to receive emails or faxes sent by or on behalf of the National Association of Home Builders, the Home Builders Association of Tennessee, and the affiliated state and local HBAs of which I am also a member.

I further represent that I am authorized to give this consent on behalf of my company/organization.

Signature of Applicant: _____ Date:

Return this enrollment form and payment information to ORBA Ocoee Region Builders Association 1615 Lois St SE Cleveland, TN 37311