



APPLICATION FOR RENEWAL MEMBERSHIP

Name: _____ Date: _____

Occupation or Service: _____

Name of Business: _____

Business Address: _____

Type of Services you Provide: _____

Business Phone No. _____

Website: _____

Cell Phone No. _____

Email Address: _____

Are your services insured? _____

Dues \$360.00: Total Paid _____ Date: _____

By signing this application, the Applicant agrees to be bound and abide by the HBA by-laws and policies, if accepted.

Signature of Applicant: _____

UPON ACCEPTANCE TO THE HBA ALL DUES PAID ARE NONREFUNDABLE

Action on Application by Membership Committee: accepted/ declined Date: _____

Dues paid: _____