



2018 Affiliate Member Application

Affiliate Members shall be open to any person or entity: (1) who is an employee, partner, or owned subsidiary of an Associate Member or Builder Member, (2) who shall agree to abide by the provisions of the Association By-Laws, Code of Ethics and any amendments thereof, (3) and who shall meet with the approval of the Board of directors.

HBA Member Company Name _____

HBA Affiliate Membership

Individual _____

Subsidiary Company _____

Address (if different from Member Company of Record) _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Mobile _____

Email _____ Website _____

I agree, that if accepted, I will be governed by the bylaws of the Association and Code of Ethics, as long as I continue to be a member. I also agree that when I wish to withdraw, I will pay all dues and indebtedness due the Association and tender resignation in writing to the Board of Directors. I understand that acceptance of this application does not constitute membership until approved by the Board of Directors in accordance with the bylaws.

Signature _____ Date _____

Your membership dues must accompany this application.

Please indicate your method of payment below:

Check made payable to CSHBA

Individual \$100 Subsidiary \$350

Charge my credit card (complete page 2)

Note: If your employer cancels his/her membership or is cancelled because of nonpayment of dues, your membership will be cancelled at the same time with no pro-ration or refund of dues.

Please return this application and payment to:

Housing & Building Association of Colorado Springs

4585 Hilton Parkway, Suite 100 Colorado Springs, CO 80907

Email: rhonda@cshba.com | Phone 719-592-1800





Credit Card Authorization

If you are paying by credit card,
please complete the following information.

Payment for: AFFILIATE MEMBERSHIP DUES

Payment method: Visa MasterCard Discover American Express

Amount to be charged \$ _____

Card Number _____

Expiration Date _____ Security Code _____

Name on the Card _____

Address _____

City/ST/ZIP _____

Email receipt to: _____

Authorized by: _____

Today's Date _____

