



National Association of Home Builders

NAHB New Member Form

Send: White Copy --- NAHB Yellow Copy --- State Pink Copy --- Local to Retain

Local: [] [] [] [] [] []

Date: [] / [] / [] [] [] [] [] []

Last Name				First Name				MI		Suffix	
[] [] [] [] [] [] [] []				[] [] [] [] [] [] [] []				[] []		[] [] [] []	

Company								COID			
[] [] [] [] [] [] [] []								[] [] [] [] [] [] [] []			

Street / PO Box											
[] [] [] [] [] [] [] [] [] [] [] []											

Suite / Apt#											
[] [] [] [] [] [] [] [] [] [] [] []											

City				State		Zip Code	
[] [] [] [] [] [] [] []				[] []		[] [] [] [] [] []	

Web Address											
[] [] [] [] [] [] [] [] [] [] [] []											

E-Mail Address											
[] [] [] [] [] [] [] [] [] [] [] []											

Member Type Check One:			Associate:			Affiliate:			If Affiliate Member, Please Provide Company ID Number		
<input checked="" type="checkbox"/> Builder			<input type="checkbox"/>			<input type="checkbox"/>			[] [] [] [] [] []		

Telephone Number				-		Fax Number				-	
[] [] [] [] [] [] [] []				-		[] [] [] [] [] [] [] []				-	

Primary Business Activity: Please enter the following company information for all new Associate Memberships. Members classified as "other" (codes Z, WZ, X5, or V5) require a written description. Also, Title Code '9' requires a written description.

Primary											
[] [] [] [] [] [] [] [] [] [] [] []											
Secondary		Tertiary		\$ Volume Code		# of Units Code		# of Employees			
[] []		[] []		[] [] [] []		[] [] [] []		[] [] [] [] [] [] [] []			

Title		<i>(Description if Other)</i>									
[] []		[] [] [] [] [] [] [] [] [] [] [] []									

Sponsor Information: In order to properly award Spike Club Credits, the sponsor's information outlined below must be included. If this information is not included, Spike Club Credits will be forfeited.

Sponsor PIN:				Sponsor Name:			
[] [] [] [] [] []				[] [] [] [] [] [] [] []			

Sponsor Company ID:				Sponsor Company:			
[] [] [] [] [] []				[] [] [] [] [] [] [] []			

Mark if New Spike		Local		If Previous Member please provide PIN #			
<input type="checkbox"/>		<input type="checkbox"/>		[] [] [] [] [] [] [] []			

Last Name				First Name				MI		Suffix	
[] [] [] [] [] [] [] []				[] [] [] [] [] [] [] []				[] []		[] [] [] []	

Company								COID			
[] [] [] [] [] [] [] []								[] [] [] [] [] [] [] []			

Street / PO Box											
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Suite / Apt#											
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City				State		Zip Code	
[] [] [] [] [] [] [] []				[] []		[] [] [] [] [] []	

Web Address											
[] [] [] [] [] [] [] [] [] [] [] []											

E-Mail Address											
[] [] [] [] [] [] [] [] [] [] [] []											

Member Type Check One: Builder			Associate:			Affiliate:			If Affiliate Member, Please Provide Company ID Number		
<input checked="" type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			[] [] [] [] [] []		

Telephone Number				-		Fax Number				-	
[] [] [] [] [] [] [] []				-		[] [] [] [] [] [] [] []				-	

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[] [] [] [] [] []				[] [] [] [] [] [] [] []			

Mark if New Spike		Local		If Previous Member please provide PIN #			
<input type="checkbox"/>		<input type="checkbox"/>		[] [] [] [] [] [] [] []			