

PLEASE PRINT MEMBERSHIP APPLICATION

MEMBERSHIP TYPE:	BUILDER MEMBER	or	ASSOCIATE MEMBER	
Builder members M	IUST provide their Louisiana	a Contrac	tor's License number.	
La. Residential #:	La. Comme	ercial #: _		
Home Improvement registration	on #:		Other:	
Company Name:				
Representative Name (membe	r of record):			
Mailing address:			<u>-</u>	
City:	State:		ZIP	
Phone:	Cell:			
Email:	W	Website:		
Description of Operation (see a	,			
		Acc.	ociate: \$498.00	
federal tax purposes. \$41.02 is n * Membership dues include a v Committee (PAC). If you do r contribution from your dues pay	not deductible as it relates to coluntary contribution of \$2 not wish to contribute to ment, for a total of \$478.00.	o lobbying 20.00 to the PACs	the Local & State Political Action s, you may deduct this voluntary	
•	of the United States with		thwest Louisiana, of the National is affiliated, and of the affiliated	
Company Rep. Signature:			Application Date:	
• •	h dues payment by email, fa ard, please let us know and	ax, or mai	e: l. We accept all major credit cards mail you an invoice payable online	

HBA SWLA email: director@hbaswla.org