



# CHARLESTON HOME BUILDERS ASSOCIATION

AFFILIATE MEMBERSHIP REGISTRATION: \$100 PER AFFILIATE MEMBER

COMPANY NAME: \_\_\_\_\_

AFFILIATE MEMBER INFORMATION:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone (work)

\_\_\_\_\_  
Phone (cell)

AFFILIATE MEMBER INFORMATION:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone (work)

\_\_\_\_\_  
Phone (cell)

AFFILIATE MEMBER INFORMATION:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone (work)

\_\_\_\_\_  
Phone (cell)

AFFILIATE MEMBER INFORMATION:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone (work)

\_\_\_\_\_  
Phone (cell)

AFFILIATE MEMBER INFORMATION:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone (work)

\_\_\_\_\_  
Phone (cell)

PAYMENT INFORMATION:

TOTAL AMOUNT DUE: \$ \_\_\_\_\_

PAYMENT METHOD: CHECK ONE

\_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ CREDIT CARD

Name (as appears on card) \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_ Zip. Code \_\_\_\_\_

PLEASE RETURN PAYMENT AND FORM TO:

CHARLESTON HOME BUILDERS ASSOCIATION

PO Box 30428

CHARLESTON, SC 29417

PHONE: 843-572-1414

OR EMAIL: [quinton@charlestonhomebuilders.org](mailto:quinton@charlestonhomebuilders.org)