Home Builders Association of Greater Savannah
Sales & Marketing Council Membership Application

7116 Hodgson Memorial Drive
Savannah, GA 31406
Ph (912) 354-6193 Fax (912) 354-4153

Date: _____

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Phone: _____ Fax: _____

Are you or the principal of your company a current member of the HBA of Greater Savannah?
_____Yes, I am a member Member Number:_____
_____Yes, the principal of my company is a member. Member Name: _____
_____No, but I would like to join

1. Type of Business – Mark Your Primary Business category with "1" and make your secondary Business category with "2".
   _____ Single Family Builder/Developer _____ Architect
   _____ Advertising/Marketing/PR _____ Sales/Marketing Training
   _____ Manufacturer/Supplier _____ Multifamily Builder/Developer
   _____ Interior Merchandising/Designer _____ Broker/Realtor®
   _____ Financial Services _____ Other *(Please specify)* _____

2. Title – Check one category which best describes your title:
   ⎦ Owner, Principal, or President ⎦ Sales /Marketing Staff
   ⎦ Sales/Marketing Management ⎦ Other *(please specify)*_____

3. Who recruited/recommended you for membership? Name:_____

   Company _____

_____ $185.00 – If you are also a Member of the HBA of Greater Savannah
_____ $205.00 – If your Broker or Principal/Owner is a Member of the HBA of Greater Savannah

Payment: ⎦ Check Enclosed ⎦ Visa ⎦ MC ⎦ Amex ⎦ Discover

Credit Card Number_____Expiration Date: _____ CVV_____

Authorizing Signature:_____