



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