



# Home Building Association of Greater Portland

## 2025 Fall Membership Drive Application

October 10 – October 24, 2025

Date of Application: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Company Name \_\_\_\_\_ Primary Member Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Sponsor/Person referring you to HBA \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ CCB # \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Business category(s) \_\_\_\_\_

\* Business listing categories for our online & print directories (Max 2). See our website at <https://web.hbapdx.org/allcategories> for available categories.

Builder Member			
(Builder/Developer/Remodeler) Pricing Reflects Fall Drive Discount of - \$200			
Annual Gross Revenue	Paid in Full	Monthly	Comp. Affiliate
<input type="checkbox"/> Less than \$1,250,000	\$702	\$60.55	1
<input type="checkbox"/> \$1,250,001-2,500,000	\$935	\$80.64	1
<input type="checkbox"/> \$2,500,001-5,000,000	\$1257	\$108.42	2
<input type="checkbox"/> \$5,000,001-10,000,000*	\$1580	\$136.28	3
<input type="checkbox"/> \$10,000,001-25,000,000*	\$2294	\$197.86	4
<input type="checkbox"/> Over \$25,000,000*	\$3264	\$281.52	4

Trade Contractor/Associate Member			
(Trade Contractor/Supplier/Industry Professional) Pricing Reflects Fall Drive Discount of - \$200			
Number of Employees	Paid in Full	Monthly	Comp. Affiliate
<input type="checkbox"/> 0-1 Employees	\$702	\$60.55	0
<input type="checkbox"/> 2-10 Employees	\$935	\$80.64	1
<input type="checkbox"/> 11-25 Employees	\$1257	\$108.42	2
<input type="checkbox"/> 26-50 Employees	\$1580	\$136.28	3
<input type="checkbox"/> 51 or more Employees	\$2294	\$197.86	4

\*Dues aren't tax-deductible as charitable contributions for federal income tax, but may be partially deductible as a business expense. Consult your tax advisor. 31% of dues and 100% of per unit assessments are non-deductible, allocated to advocacy and lobbying.

\*Large volume builders pay additional assessments for advocacy. If you are a higher tier member our staff will contact you to discuss payment details.

Dues Paid in Full  Monthly Payment Plan \*\*Must complete and sign the 12-pay Dues Authorization & Agreement Form. A processing fee for the monthly dues option is included.

SIGN ME UP for Annual Auto Renewal of Monthly Payment Plan \*\* Must check the Annual Auto Renewal check box on the Authorization & Agreement Form.

**Affiliate Membership - \$99 each optional** Affiliate Members are additional employees who would like to receive HBA special member benefits & communications

*Enter "\$0" on line to right if your company qualifies for a Complimentary Affiliate*

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

**Councils - optional** (person named must be the Primary Contact or an Affiliate of the Company)

PWB - Professional Women in Building \$85 Name \_\_\_\_\_

RCB - Remodeling & Custom Building \$85 Name \_\_\_\_\_

HPC - Home Performance Council \$85 Name \_\_\_\_\_

**Total Due Toda**

Totals	
Affiliates(s)	\$ _____
Councils	
PWB	\$ 0
RCB	\$ 0
HPC	\$ 0
PAC	\$ _____
Membership	\$ _____
<b>\$</b>	

**Support Oregonians for Affordable Housing - optional**

PAC - Oregonians for Affordable Housing  
Support the HBA's political advocacy efforts to promote pro-housing candidates and issues by making a donation.

**Initial** \_\_\_\_\_ I attest that the above information is accurate and true regarding my company and its building activity or staff size. I also agree to abide by the bylaws and Code of Ethics of the Home Building Association of Greater Portland. In the Event of termination of membership, I agree to immediately discontinue use of the Home Building Association's logo & member benefits in any form.

PAYEE: HOME BUILDING ASSOCIATION OF GREATER PORTLAND (HBAGP)	
PAYER/COMPANY NAME	PHONE NUMBER
NAME ON ACCOUNT (PLEASE PRINT)	AUTHORIZED SIGNATURE
<b>DEBIT/CREDIT CARD</b> <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX	CARD NO. _____ EXP. DATE _____ / _____ ZIP CODE _____ CVV CODE (3 DIGIT CODE ONBACK) _____