



## **MEMBERSHIP APPLICATION**

Mailing Address: 609 S. Knik Goose Bay Road, Suite G Wasilla, Alaska 99654 (907) 376-2620 Office (907) 376-2667 Fax

Please take a few moments to read through this application thoroughly. Please answer all questions and either type or print legibly. The information provided will be used in our membership directory and database. If you have any questions, please contact our Executive Officer at 376-2620.

COMPANY NAME:		_
DESIGNATED REPRESEN	TATIVE:	
		ddress):
City, State, Zip:		
Business Phone:	Fax Phone:	: Cellular Phone:
Email address:		web site:
		ided in the Directory?
Company Specialties: (1)_	(2)	(3)
IF APPLYING FOR A BUILDENSE.	ILDER MEMBERSHIP, Y	YOU MUST ATTACH A COPY OF YOUR CONTRACTOR'S
You're Sponsor (this is the	person who invited/info	ormed you about MSHBA):
Are you willing to serve	on a Committee?	_If yes, which of the following interest you?
Home Show	Membership	Scholarship _
Education	Legislative	Ethics
Nominating	Christmas Party	Fall Or Spring Showcase
serve as authorization t  Please Provide Three Bu  1	siness or Personal Refe	
3		
Date:	Signature:	
Enclosed is my remittance	<u>of:</u>	
\$482 for Associate	Membership	\$532 for Builder Membership
\$125.00 for Affiliate	Program (Additional men	mbership to already existing Associate or Builder)
To Qualify for Affiliate I	Membership you must i	dentify the Company you are applying under:
Vision: "	Building homes in the Mat-	-Su Valley that enhance the quality of living."