Coastal Green Council of HGHBA
Application for Membership

APPLICANT INFORMATION *(Please complete all requested data)*

Company Name: _____ Phone: (____) _____

Representative Name: _____ Fax: (____) _____

Representative Title: _____ Cell: (____) _____

Business Location:	Mailing Address:
_____ Street	_____ Street
_____ City State Zip Code	_____ City State Zip Code

E-Mail Address: _____ Website: _____

Type of Business: _____

Green Products or Services you Provide: _____

_____

_____

MEMBERSHIP CLASSIFICATION

[ ] Builder (Enter SC Builder License # _____) **[ ] Associate**

MEMBERSHIP SIGNATURE

Remittance of $50.00* representing my annual membership dues in the CGC of HGHBA accompanies this application. With this payment I agree to abide by the Procedures of the Coastal Green Council of HGHBA. My membership will be cancelled if membership in my local HBA lapses at any time. I further certify that the information provided above is complete and correct to the best of my knowledge.

_____ _____

Signature Date

METHOD OF PAYMENT

_____ **VISA** _____ **Master Card** _____ **Check** ***(Made payable to HGHBA)*** **Check Number** _____

Card Holder Name: _____

Card Number: _____ _____ _____ _____ **Exp Date:** _____/_____

Billing Address: _____ _____ _____ _____

Street City State Zip Code

Signature: _____

(By signing, I authorize the dues payment of $50.00 to be charged to this credit card.)

For more information, please contact Cindy Ott at Cindy.Ott@hghba.com or 843-347-7311.

Please return to CGC of HGHBA, 728 Highway 501 East, Conway, SC 29526.