



Application for Membership
1409 Luisa St, Suite A, Santa Fe, NM 87505
505/982.1774 - 505/982.0238 fax

Contact Name: _____ Date _____

Company Name: _____

Company Address: _____

Street Address

Suite #

City

State

Zip

Telephone

Fax

Email

SFAHBA Membership Category

Builder checkbox

Builder

Associate checkbox

Associate

Affiliate checkbox

Affiliate

Contractors Licenses (if applicable)

Type of License _____ License # _____ Exp. Date _____

Qualifying Party _____

Description of Business: _____

Number of Full time employees _____ Number of years in business _____

Sponsored by: _____ NAHB # _____

For Office Use Only

Dues Paid \$ _____ Date _____ [] Check [] Cash [] Credit Card

Credit Card: [] MC [] Visa # _____

Cardholder Signature _____ Expiration Date _____

Check # _____ Amount \$ _____ Date _____

Date Approved by Santa Fe Remodelers Board of Trustees _____