



GREATER FORT SMITH ASSOCIATION OF HOME BUILDERS

Mailing Address: 5111 Rogers Ave., Central Plaza, Suite 531 Fort Smith, AR 72903

Phone: 479-452-6213 - Fax: 479-452-9025

E-mail: HBA@fortsmithhomebuilders.com - Website: www.fortsmithhomebuilders.com

Applicant Type: Check One

- ◇ **Builder—Copy of AR Contractors License & GL Certificate is required with application**
- ◇ **Remodeler—Copy of AR Contractors License & GL Certificate is required with application**
- ◇ **Associate—If applicable Copy of AR Contractors License & GL Certificate is required with application**

Applicant's Individual Name: _____

Indicate the member applicant's Business Title: _____

Company Name: _____

Mailing Address: _____

Street/PO Box

City _____ State _____ Zip _____

Physical Address: (IF different) _____

Phone: _____ Fax: _____

Cell: _____ Private? Yes No E-mail: _____

Website: _____ Facebook: _____

Additional Contacts: _____ Total Number of Employees: _____

Name/Position: _____ E-Mail: _____

Name/Position: _____ E-Mail: _____

Type of Business: Corporation _____ Sole Proprietorship _____ Partnership _____ Other _____

Date Established: _____ Each applicant firm must have a six-month history in business and, if a Builder, Applicant must have been building locally for six (6) months.

References: Applicant must present acceptable credit, material dealer and customer references. Submit properly completed membership application showing references from at least two (2) GFSAHB members, material dealers, showing applicant has a minimum one-year credit history.

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

INVESTIGATION: The applicant hereby authorizes the GFSAHB to conduct such investigations of construction or professional business activities. I agree to abide by the Constitution and By Laws (Amendment) of the GFSHBA, AHBA, NAHB,. Upon termination, I will discontinue the use of association insignia.

We assume the responsibilities stated in the HBA Code of Ethics and Mission Statement, mindful we are part of our obligation as members of GFSAHB. My signature below signifies that our company carries General Liability Insurance and we comply with the AR State How in respect to the requirements of Workers Compensation Insurance.

Signature _____ Date

Providing your fax number/e-mail address constitutes an express invitation to send you fax or email updates regarding GFSAHB & it's programs.

**Greater Fort Smith Association of Home Builders
CODE OF ETHICS**

The goal of the members of the Greater Fort Smith Association of Home Builders shall be to provide quality products and services at reasonable prices and thereby promote the well being of our Association, our industry, and our Country through the American free enterprise system and by following this CODE OF ETHICS.

HONESTY: Honesty and integrity shall be guiding principles by which we conduct our business affairs.

FAIRNESS: We shall be fair in our business relationships, particularly in the area of pricing, contracts, restraints of trade and negotiations, in order to give our customers the best possible value.

LAWS: We shall comply with the letter and spirit of federal, state, and local laws that affect the construction industry, and work with legislators to improve these laws. We shall also abide by the by-laws of the Association.

INSURANCE: We shall always maintain the proper amounts of insurance coverage for our business, employees, and customers.

SAFETY: We shall provide safe and healthy workplaces. Builders will construct safe and healthy homes and buildings, and comply with local building codes.

DESIGN: Builders shall strive to design energy efficient homes and compliance with appropriate codes and regulations.

QUALITY: Builders shall conduct construction and related services in a careful workman-like manner, in keeping with industry standards of quality.

PROFESSIONALISM: All members will strive to manage our businesses to meet professional standards of our industry and continue to learn by experience, education, research, and networking with one another with a healthy competitive spirit. I agree not to use any Association project name or intellectual property for personal gain.

WARRANTY: All members shall pay legitimate invoices in a mutually agreeable arrangement with all creditors.

OPPORTUNITY: All members shall be equal opportunity employers and will not discriminate in the sale of any of our products or services.

I assume these responsibilities solemnly, mindful that they are part of our obligation as members of the Greater Fort Smith Association of Home Builders.

YOUR COMPANY : _____

AUTHORIZED SIGNATURE: _____ DATE: _____

GFSAHB MEMBER SPONSOR: _____

Name

Company

Primary Business Activity: Please list your Top 3 Business activities for our directory:

Please mail with your annual dues enclosed to:

GFSAHB

**5111 Rogers Ave., Central Plaza,
Suite 531**

Fort Smith, AR 72903

Phone: 479-452-6213

Fax: 479-452-9025

E-mail: sstipins@GFSAHB.com

Forms of Payment Accepted:

Cash Check Visa Master Card

For Visa/Master Card please fill out the following: 3.2% Fee assessed.

Account #: _____

Name: _____

Expiration Date: _____

Signature: _____

3 Digit Code: _____

Dues are: \$425 per year; good for 12 consecutive months from the time you join Greater Fort Smith Association of Home Builders.