



Membership Application

Please complete and mail to: NHBWA, 2024 N. Broadway, Suite 100, Santa Ana, CA 92706.

Company/Organization: _____

Contact Person: _____

Title: _____

Mailing Address: _____

City: _____ State _____ Zip Code _____

Phone: (_____) _____ Fax: (_____) _____

E-Mail: _____ Website: _____

Type of Business: _____

Preferred method of communication: Email _____ Fax _____ Mail _____ Other _____

I understand that my name and company information will be included on the Members listing, which is available to all members and non-members on the NHBWA web-site at www.nationalhbwa.com. For questions or additional information, call (714) 836-4042

Print Name

Signature

Date

ANNUAL MEMBERSHIP (Please check the appropriate choice):

NEW

RENEWAL

Corporate Member

\$1,000 annually

- Available to any business or corporation. It includes one main contact and two representatives. Access to executive suite with wireless internet and conference room at NHBWA; subscription to event notices, listing on printed materials and on-line member directory.

Organizational Member

\$300 annually

- Available to non-profit organizations, schools and school districts. It includes one non-transferable contact. Access to executive suite with wireless internet and conference room at NHBWA; subscription to event notices, listing on printed materials and on-line member directory. some discounts on NHBWA activities and its affiliates.

Individual Member

\$100 annually

- Available to small business owners, individuals, professionals or entrepreneurs. It includes one non-transferable contact. Access to executive suite with wireless internet and conference room at NHBWA; subscription to event notices, listing on printed materials and on-line member directory and some discounts on NHBWA activities and its affiliates.

Student (Copy of ID required)

\$35 annually

- Available to all students. It includes one non-transferable contact. Subscription to event notices, on-line member directory listing and some discounts on NHBWA activities and its affiliates.

Payment method: Credit card # _____ Exp. date _____

Check # _____ Date _____