



Affiliate Membership Application

Contact Person	Company Name	Title	
Business Address	City	State	Zip
Phone	Fax		
Number of Employees	License Number (Contractor, Realtor, Broker)		
E-mail (this is our primary form of communication with our members, we will not sell or distribute e-mail information)	Sponsor		
Type of Business (Please choose 2 business categories see back for list)	Counties in which you actively work		
Web site Address			
Please Select a User Name and Password for Website Access: User Name _____ Password _____			

Membership Dues \$30.00

Optional Council Membership Dues (You are not obligated as a member to join any of the TBBA Councils)

- Sales and Marketing Council (SMC) - \$85
- Remodelers Council - \$60

Optional Industry Issues Fund Donation

(You are not obligated as a member to participate, although your contribution is appreciated)

- \$50 \$100 Other \$ _____

Mail or fax this application with dues payment to:

TBBA Membership
 11242 Winthrop Main St
 Riverview, FL 33578
 813-571-8222
 (Fax) 813-571-8221

Payments can be made by check, Visa, MasterCard, Discover & Amex.

Name on Card: _____ Expiration Date: ___ / ___ / ___

Credit Card Number: _____ Billing Zip Code _____ Sec Code: _____

Signature: _____

E-mail receipt to _____ Total Due \$ _____