



PO Box 544
Perth, ON K7H 3K4
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MEMBERSHIP APPLICATION

Business Name: _____ # of Employees: _____
Business Address: _____
Business Telephone#: () _____
Fax: () _____
Email: _____
Website: _____

Normal Business Activity: _____
Year Business Started: _____

Owner's Name(s): _____
Owner's Phone # () _____
Email: _____

Please list all emails that should receive information from LLHBA:

Type of Membership:
_____ Full (includes OHBA & CHBA fees, **mandatory for Builders/Developers/Renovators**)
_____ LLHBA Local Membership Only (no access to OHBA/CHBA material or programs)
Referred By: _____
Other Professional Memberships: _____

ONLY APPLICABLE TO FULL MEMBERSHIPS
“It is the mandate of the Canadian Home Builders’ Association at all levels, local, Provincial and National, to provide information, promote membership and foster communication, e.g., catalogues of Members, Internet Information, new products and services etc. The application hereby consents to the use of the information in this Application for such purposes (banking and credit card information excepted) by all levels of the CHBA.”

Builders, Trades, Suppliers, Financial, Service & Education