



New Chapter Application Pg 1 of 2

Instructions: Complete the following information about the FBA Local Chapter in formation that is seeking recognition by the Future Builders of America Program. By submitting this application, the Chapter agrees to abide by any established policies for the operation of an FBA Chapter and applicable by-laws of the corporation. The completed and signed application should be submitted to: Future Builders of America and mailed to FBA, PO Box 429, Jensen Beach, FL 34958 or email: ExecDirector@FutureBuildersofAmerica.org. The application will be reviewed by the Program Director within 45 days of receipt of the completed form and, if approved, a certificate of recognition will be issued.

NEW CHAPTER INFORMATION

Provide the name to be attributed to the Future Builders of America Chapter. Each school is considered a separate chapter. The name should be representative of the school. For example, The Tampa Bay Tech Chapter of the Future Builders of America.

Name of Chapter: _____

Name of School: _____

School Address: _____

City: _____ St: _____ Zip: _____

School Administrator Name: _____

Phone: _____ Email: _____

Chapter has been approved by the school administration: YES NO

SCHOOL INSTRUCTOR INFORMATION

Instructor Assigned to Chapter: _____

Construction-Related Class Title: _____

Instructor Phone: _____ Email: _____

LOCAL HOME BUILDERS ASSOCIATION INFORMATION

Local HBA Name: _____

Executive Director: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Email: _____

Future Builders of America
PO Box 429 * Jensen Beach, FL 34958
ExecDirector@FutureBuildersofAmerica.org
772-370-4713 * www.FutureBuildersofAmerica.org



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Pg 2 of 2

LOCAL HOME BUILDERS ASSOCIATION CHAPTER ADVISORS

(It is recommended that Chapters may have more than one advisor)

Chapter Advisor Name: _____

Company: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone: _____ Email: _____

Chapter Advisor Name: _____

Company Name: _____

Street Address: _____

City: _____ St: _____ Zip: _____

Phone Number: _____ Email: _____

Chapter Advisor Name: _____

Company Name: _____

Street Address: _____

City: _____ St: _____ Zip: _____

Phone Number: _____ Email: _____

Chapter Advisor Name: _____

Company Name: _____

Street Address: _____

City: _____ St: _____ Zip: _____

Phone Number: _____ Email: _____

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