



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. 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: Cindy.Hall@HBI.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.

CHAPTER INFORMATION



New Chapter ____ Renewal ____ Reinstatement ____

Provide the name to be attributed to the Future Builders of America Chapter. Each school is considered a separate chapter.

Name of School: _____

School Address: _____

City: _____ St: _____ Zip: _____

School Administrator Name: _____

Phone: _____ Email: _____

SCHOOL INSTRUCTOR INFORMATION

Instructor Assigned to Chapter: _____

Construction-Related Class Title: _____

Instructor Phone: _____ Email: _____

T-Shirt Size (1 Free): S ____ M ____ L ____ XL ____ 2 XL ____ 3 XL ____ Other: _____

LOCAL HOME BUILDERS ASSOCIATION INFORMATION

Local HBA Name: _____

Executive Director: _____

Phone: _____ Email: _____

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

Future Builders of America is a program of The Home Builders Institute.
Contributions are tax deductible to the extent allowable by federal law, under HBI's 501c3 tax ID 52-1266885.



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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: _____

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