

**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](mailto: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  
[Cindy.Hall@HBI.org](mailto:Cindy.Hall@HBI.org) \* 772-370-4713  
[www.FutureBuildersofAmerica.org](http://www.FutureBuildersofAmerica.org)



Learning today... Building tomorrow.

# Chapter Application 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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