



Application for Non-Profit Community Partner
Home Builders Association of the Grand Traverse Area, Inc.

Name of Organization: _____

Address: _____

City, State, Zip: _____

Primary Contact: _____ Title: _____

How would a community partnership with the HBAGTA be value to your organization?

Community Partnerships are intended to be for Non-Profit Organizations whose mission aligns with that of the Home Builders Association of the Grand Traverse Area, Inc.

1. Please state your organization's Mission or Purpose: _____

2. Type of Non-Profit Organization:

- _____ a. 501(c) (6) Business League, Chamber of Commerce
_____ b. 501(c) (3) Religious, Educational, Charitable, Scientific
_____ c. 501(c) (4) Civic Leagues, Social Welfare Organization
_____ d. 501(c) (8) Fraternal Beneficiary Society or Association
_____ e. Other: _____

3. Does your organization have a Board of Directors? Yes _____ No _____

4. (If Yes to #3) Number on Board of Directors: _____

5. Name of Current President or Chairman of the Board: _____

6. Annual Gross Revenue: \$ _____

7. Source of Revenue: Check all that apply:

a. Dues

b. Grants

c. Foundation

d. Sponsorship

e. Donations

f. Other sources: _____

7. Number of Employees: Full Time: (32+ hrs/wk) _____ Part time: _____

8. Is your Organization Membership based? Yes _____ No _____

9. (If Yes to #8) Number of Current Members: _____

10. Do your members pay dues? Yes _____ No _____