



**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 \_\_\_\_\_