



# Membership Satisfaction Guarantee Agreement

The Home Builders Association of Lexington (HBAL) is so certain that you will be satisfied with your membership that the Association offers a satisfaction guarantee on your first year of membership\* for all HBA members. The Association stands by the fact that member involvement is crucial to a successful membership experience. Therefore, if you are not completely satisfied with your membership investment and have fulfilled the requirements below, we will return HBAL's portion of your membership dues. A signed copy of this agreement must be received by the HBAL Office no later than after receipt of your membership confirmation letter in order to participate in the program.

## MEMBER INVOLVEMENT REQUIREMENTS FOR MEMBERSHIP GUARANTEE

### First year Associate Members must attend:

- New Member Orientation – within first 2 scheduled dates
- Annual Associates Barbeque
  - *May be substituted with Installation of Officers Reception/Salute to the Stars event*
- A minimum of two (2) Member Mingles
- A minimum of two (2) Council Meetings as a guest
- One (1) Committee Meeting

### First year Builder/Remodeler Members must attend:

- New Member Orientation – within first 2 scheduled dates
- Annual Associates Barbeque
  - *May be substituted with Installation of Officers Reception/Salute to the Stars event*
- A minimum of two (2) Member Mingles
- A minimum of two (2) Builder Workshops
- A minimum of two (2) Council Meetings as a guest
- One (1) Committee Meeting
- Builder 360 and Table Top Event held afterward



\* This excludes the portion of your dues that is paid to the state (HBAK) and national (NAHB) associations

*I have read and understand the terms set forth by the Home Builders Association of Lexington's Membership Satisfaction Guarantee Program. I realize that if I have fulfilled the above requirements and wish to request a refund, I must submit a written request to the Membership Committee on or after my one year anniversary date and complete and submit an exit survey. HBAL staff will confirm my participation in the above events.*

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Join Date

\_\_\_\_\_  
Signature of Company Primary Member

\_\_\_\_\_  
Date

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*To be completed by HBAL*  
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\_\_\_\_\_  
HBA Staff Approval

\_\_\_\_\_  
Membership Approval Date (Board)

\_\_\_\_\_  
Faxed Copy to Member Date

\_\_\_\_\_  
BF