

# Membership

## Home Builders Association of Central Arizona Political Action Committee

Please make your personal check payable to: **HBACA PAC**

**The following information is required by law:**

Name \_\_\_\_\_

**Home Address** \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Employer \_\_\_\_\_

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Enclosed is my contribution in the amount of:

\_\_\_\_ \$1,000    \_\_\_\_ \$500    \_\_\_\_ \$250    \_\_\_\_ \$100  
\_\_\_\_ \$50    \_\_\_\_ \$25    \_\_\_\_ \$20    \_\_\_\_ \$10    \$ \_\_\_\_\_

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*The following information is optional, and is for HBACA's internal records only. This information is not reported to any governmental entity, nor will it ever be given or sold to a source outside of the HBACA. Your email allows us to communicate with you on issues relating to the PAC. A phone number helps us contact you should we have any questions regarding your contribution.*

Email Address: \_\_\_\_\_

HOME Phone: \_\_\_\_\_

OFFICE Phone: \_\_\_\_\_

Are you registered to vote at the above address    \_\_\_\_ YES    \_\_\_\_ NO    \_\_\_\_ Not Sure

**Thank you for your support of the HBACA PAC!**