

 Student Chapter of Central Louisiana

 New Member Application

Present Membership Requirements:

* Membership is open to all students within the six parishes governed by Central Louisiana Home Builders Association interested in the home building industry. Students must have at least a 2.0 Overall G.P.A.

How To Apply For Membership:

* Please return the following to the FFA Faculty Advisor of your school
* If applying independently from school please send application to:

HBACL

Attn: Becki Hesni

P.O. Box 11735

Alexandria, La 71315

info@hbaofcenla.org

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_

Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact/ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classification: \_\_\_\_ Freshman \_\_\_\_ Sophomore \_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_ Graduate

Overall G.P.A. \_\_\_\_\_\_\_ T-Shirt Size: \_\_\_\_\_\_ Graduation Date: \_\_\_\_\_\_\_\_\_

What trade(s) are you interested in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be interested in an officer position? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

How did you hear about Student Chapter of Central Louisiana? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HBACL Student Chapter of Central Louisiana

2017 MacAurthur Drive BLD 4 SUITE B

Alexandria, La 71301

info@hbaofcenla.org

318-443-1902

Student Participation & Photography Permission Form

Dear Parent/Guardian,

Your child has expressed interest in joining the Student Chapter of Central Louisiana of Home Builders Association of Central Louisiana, a not-for-profit organization dedicated to provide safe, affordable housing in Central Louisiana while advocating for homebuilding industry, protecting property rights, promoting licensed builders, upholding professionalism, and supporting economic growth. As part of their involvement, students may participate in various educational, service, and community activities throughout the year.

To ensure your child’s participation, we require your consent for their involvement in all events, activities, and programs organized by HBACL, including permission for photography and media use. Also, your child will need reliable transportation to and from some events unless otherwise stated by HBACL.

Student Information

• Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Participation Permission

I, the undersigned parent/guardian, give permission for my child to participate in any and all activities organized by HBACL throughout the year. I understand that these activities may take place at various locations, and I acknowledge that my child will be supervised by responsible adults. I release HBACL, its staff, volunteers, and affiliates from any liability in case of injury or accident during participation.

Photography & Media Release

I grant HBACL permission to take photographs, video recordings, or other media of my child during events and activities. I understand that these images may be used for promotional, educational, or informational purposes, including but not limited to social media, websites, newsletters, and printed materials.

Please check one:

☐ I DO give permission for my child’s image to be used.

☐ I DO NOT give permission for my child’s image to be used.

Emergency Contact Information

• Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Emergency Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

• Allergies/Medical Conditions (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature

I have read and understand the above information. I agree to allow my child to participate in events and acknowledge the media release selection above.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_