



# Premier Associate Application

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

### Points Earned

Refer to Premier Associate Point System\* (attached)

PLEASE, ONLY LIST POINT ACCUMULATION DURING 2 PREVIOUS CALENDAR YEARS.

**Local HBA Involvement (Include year(s)\* and total points):** \_\_\_\_\_

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

**State HBA Involvement (Include year(s)\* and total points):** \_\_\_\_\_

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

**National HBA Involvement (Include year(s)\* and total points):** \_\_\_\_\_

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

\*Initial points must be earned within previous 2 calendar years to qualify

**Total Points:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Approved by**  
**Associate Committee Chairman**

Send to:  
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1000 N. Hurstbourne  
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502-429-6036 fax