



Houses of Honor – Membership Application for Consideration

Houses of Honor, Inc. – 501(c)(3) Nonprofit Organization
Supporting Community Heroes Through Trusted, Discounted Services

SECTION 1 – Personal Information

Applicant Full Name: _____

Title/Role: _____

Email: _____

Phone: _____

Home Address: _____

I understand there is an annual membership fee.

SECTION 2 – Business Information

Business Name: _____

Business Address: _____

Website: _____

Business Phone: _____

Business Email (if different): _____

Industry Category (Select one – limited to one business per category):

Housing Lifestyle Maintenance Other: _____

Brief Description of Your Business and Services:

Years in Business: _____

Number of Employees: _____

SECTION 3 – Professional Credentials

Business License Number (if applicable): _____

Expiration Date: _____

Proof of Insurance Available? Yes No

Type of Coverage: _____

SECTION 4 – References

(Please provide two professional references, preferably from clients or business partners.)

Reference #1

Name: _____

Relationship: _____

Phone: _____

Email: _____

Reference #2

Name: _____

Relationship: _____

Phone: _____

Email: _____

SECTION 5 – Community Involvement

What volunteer work, community service, or charitable involvement have you participated in?

(Please include organizations, roles, and approximate dates.)

SECTION 6 – Alignment With Mission

Why do you want to be a member of Houses of Honor?

(What draws you to our mission of serving Community Heroes?)

What unique value do you believe your business will bring to our program?

SECTION 7 – Commitment to Heroes

What discount or benefit do you intend to provide to Community Heroes?

(Be as detailed as possible — this helps us determine fit for coverage.)

SECTION 8 – Ethics & Expectations

Please answer honestly — these help protect the integrity of the program.

Have you ever been involved in:

Formal business complaints? Yes No

Legal disputes related to your business? Yes No

Licensing violations? Yes No

If yes, please briefly explain:

Do you agree to conduct yourself and your business with professionalism, integrity, and adherence to Houses of Honor values?

Yes No

SECTION 9 – Applicant Certification

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that:

- Submission of this form does **not** guarantee membership.
- My application will be reviewed and voted on by Houses of Honor leadership.
- If approved, I will be required to complete the official membership contract.
- Any false or misleading information may result in denial.

Signature: _____

Date: _____

Printed Name: _____