National Association of Housing Counselors & Agencies, Inc.

Membership Application

Annual Fee: Agency--$125.00 Individual--$75.00

_____ New Member _____ Renewal _____ Date

Check One: ( ) Mrs. ( ) Ms. ( ) Mr.

Name _____ Home Phone # _____

Home Address _____ Apt. _____

City/State _____ Zip _____

Present Employer _____

Address _____
Street or P.O. Box City State Zip

Access Number(s) _____
Business Cell

_____
E-mail Address FAX Number

Job Title/Position _____

Immediate Supervisor _____

Please indicate preferred mailing address ( ) Home ( ) Business

( ) Enclosed is my check for $75.00
( ) Enclosed is my check for $125.00

In which area would you like to work as a member of NAHCA?

- ☐ Membership
- ☐ Nominating Committee
- ☐ Fund Development
- ☐ Legislative
- ☐ Public Relations Committee
- ☐ Other (please specify) _____

Please send payment to: Priscilla M. Dunwoody
P.O. Box 459
Fultondale, AL 35068
(205) 841-1519
pdunwoody@jcha.com

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