



National Association of Housing Counselors and Agencies, Inc.

Membership Application

(Please Print)

Annual Fee: Individual --\$75.00

Agency--\$125.00

____ New Member ____ Renewal Date _____

Name _____ Title _____

Agency Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Email Address _____

Home Address _____ Phone # _____

City _____ State _____ Zip _____

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) _____

Applicants Signature: _____

Please send payment to:

Mary C. Kidd
Prichard Housing Authority
4503 Senator Street
Eight Mile, AL 36613
(251) 452-8500
maryckidd@aol.com