



National Alliance of Resident Services  
in Affordable and Assisted Housing

## MEMBERSHIP APPLICATION

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position: \_\_\_\_\_ Organization: \_\_\_\_\_

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

### Membership Category (Check One ONLY):

- Housing Resident \$75     Individual \$125     Resident Council \$225  
 Resident Services Staff \$275     Non-Profit Agency \$325     For Profit Agency \$425  
 Public Agency \$525     Business \$750 or Public Housing Authority with:  
     4501 units or more \$5,000  
     1501 - 4,500 units \$4,000  
     501 - 1500 units \$3,000  
     201 - 500 units \$1,500  
     under 200 units \$1,000

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make your check or money order payable to NAR-SAAH and mail to:  
**National Alliance of Resident Services in Affordable and Assisted Housing**  
11958 Long Lake Drive - Suite 200  
Reisterstown, MD 21136

You may also charge your membership fee to VISA, MasterCard or American Express.  
If so, please sign the authorization below and fax it to NAR-SAAH at 410-526-0633.

### AUTHORIZATION

I authorize NAR-SAAH to charge \$ \_\_\_\_\_ to the following charge card:

- VISA                       MasterCard                       American Express

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_