



National Alliance of Resident Services
in Affordable and Assisted Housing

MEMBERSHIP APPLICATION

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: _____