

# Indiana Chapter of NAHRO Enrollment – 2017

## Agency Membership:

- Small PHA (under 250 units PH &HCV): includes Board Chair & 3 Staff . . .\$50.00**
- Medium Size PHA (250 -500 units of PH & HCV): includes Board Chair, Executive Director and 7 staff . . .\$75.00**
- Large PHA (500 or more units of PH & HCV): includes Board Chair, Executive Director and 10 staff . . .\$100.00**
- Vendor/Other . . .\$40.00**
- Community Development/Economic Development . . . \$30.00**

**Please note: National NAHRO membership is a separate transaction**

**Individual Memberships @ \$5 X number of names listed below.** (not included in above) Enter total in (b) **NOTE: Resident Services, Maintenance, Occupancy, Property Management, etc. Staff listed below will be added to a job-specific mailing list for notification of events and pertinent information.**

	Name	Job Function	Phone Number	E-mail address <small>required for List Serve</small>
1.				
2.				
3.				
4.				

Use reverse side to list additional names, if necessary.

**Please remit this amount for your agency's MEMBERSHIP for calendar year 2015**

Make checks payable to: **Indiana Chapter of NAHRO**      Mail to: **Helen M. Garrett**  
**Rockport Housing Authority**  
**P. O. Box 173**  
**Rockport, IN 47635**

**Please complete the following MEMBERSHIP DIRECTORY INFORMATION, and mail this form with your membership dues payment by June 30<sup>th</sup>.**

		HUD #	IN-
Executive Director			
Street Address			
Mailing Address			
City/State/Zip			
E-Mail Address			
Telephone Number	Area Code	Number	Extension
Fax Number	Area Code	Number	
Board Chairperson			
Board Chair Home Address		City, State, Zip	
Board Chair E-mail			
Website Address			
County		Total staff members	Full time
Population of Jurisdiction			Part time
Housing Program Information (include number of units)	Public Housing		FSS
	Housing Choice Vouchers		Other
	Tax Credit		Other
Other Programs and/or Functions your agency provides (Please list)			

**PLEASE RETURN BY June 30<sup>th</sup>, 2017**

Completed & Submitted by:	Name	
	Phone	
	E-mail	
Date: _____		