

Indiana Chapter of NAHRO Enrollment – 2024

Agency Membership: <input type="checkbox"/> Small PHA (under 250 units PH &HCV) : includes Board Chair & 3 Staff . . \$100.00 <input type="checkbox"/> Medium Size PHA (250 -500 units of PH & HCV) : includes Board Chair, Executive Director and 7 staff . . \$150.00 <input type="checkbox"/> Large PHA (500 or more units of PH & HCV) : includes Board Chair, Executive Director and 10 staff . . \$200.00 <input type="checkbox"/> Vendor/Other . . \$100.00 <input type="checkbox"/> Community Development/Economic Development \$100.00 <p style="text-align: center; color: blue;">Please note: National NAHRO membership is a separate transaction</p>	a. \$ _____
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Individual Memberships @ \$5 X number of names listed below. (not included in above) Enter total in (b) 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.

	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 2023-2024 a + b

Make checks payable to **Indiana Chapter of NAHRO** Mail to: **Kim Townsend**
 Anderson Housing Authority
 528 W. 11th St.
 Anderson, IN 46016

Please complete the following MEMBERSHIP DIRECTORY INFORMATION, and mail this form with your membership dues payment by October 28th.

	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	Total Annual Budget
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

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