

ASSOCIATION OF HOUSING MANAGEMENT AGENTS OF NORTHERN CALIFORNIA AND NEVADA

ASSOCIATE MEMBERSHIP APPLICATION

_____ I hereby apply for membership in the Association of Housing Management Agents of Northern California and Nevada (AHMA-NCN) and agree to abide by its Bylaws and support its objectives and interests and to pay such dues as shall be established by the membership.

Signature: _____ Date _____

COMPANY INFORMATION

Name of Applicant Company /Agency _____

Office Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email Address _____ Website _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

NAME OF COMPANY / AGENCY REPRESENTATIVE

Primary: _____ Title: _____

Other: _____ Title: _____

Other: _____ Title: _____

Other: _____ Title: _____

Annual Dues: \$500

Designation: _____ Product Vendor _____ Government Agency _____ Manufacturer
_____ Professional Service Provider

If vendor, manufacturer, or professional service provider, please list product and/or service provided:

Please make all checks payable to AHMA-NCN, 484 Lake Park Avenue, #402, Oakland, CA 9410-2730