



ANNUAL MEMBERSHIP APPLICATION (PHA OR VENDOR)

Membership Year October 1st - September 30th

* Indicates a required field

Applicant Information

Application Type:* New Renewal **Member Type:*** NC PHA SC PHA Vendor

Category:* Agency \$150 (paid between October 1st - November 30th)
 Agency \$200 (paid late between December 1st - September 30th)
 Vendor \$45

Public Housing Program # of Units (vendors, enter 0):* _____ **Section 8 Program # of Units (vendors, enter 0):*** _____

Other Programs # of Units (vendors, enter 0):* _____

Main Contact:

First Name:* _____ **Last Name:*** _____ **Middle Name:** _____

Suffix Name: _____ **Title:** _____

Board Member?: Yes No **Committee Member?:** Yes No

Agency/Company:* _____

Address:* _____ **City:*** _____ **State:*** _____ **Zip:*** _____

Phone:* (____) _____ **Fax:** (____) _____

Email:* _____

PHA's can add up to 10 additional contacts, Vendors can add up to 2 additional contacts (see second page of application).

Payment Details

Payment Type:* Check Enclosed OR Credit Card

If credit card, please complete the following information:

Credit Card Type: Visa MasterCard American Express Discover

First Name: _____ **Last Name:** _____

Card Number: _____ **Expiration (MM/YY):** ____/____

3 Digit Card Verification Number: _____ **Signature: X** _____

Billing Address

Name:* _____

Address:* _____ **City:*** _____ **State:*** _____ **Zip:*** _____

PHA Members Can Add Up To 10 Additional Contacts Here

First Name: _____	Last Name: _____	Middle Name: _____
Suffix Name: _____	Email: _____	
Title: _____	Board Member?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Committee Member?: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name: _____	Last Name: _____	Middle Name: _____
Suffix Name: _____	Email: _____	
Title: _____	Board Member?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Committee Member?: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name: _____	Last Name: _____	Middle Name: _____
Suffix Name: _____	Email: _____	
Title: _____	Board Member?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Committee Member?: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name: _____	Last Name: _____	Middle Name: _____
Suffix Name: _____	Email: _____	
Title: _____	Board Member?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Committee Member?: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name: _____	Last Name: _____	Middle Name: _____
Suffix Name: _____	Email: _____	
Title: _____	Board Member?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Committee Member?: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name: _____	Last Name: _____	Middle Name: _____
Suffix Name: _____	Email: _____	
Title: _____	Board Member?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Committee Member?: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name: _____	Last Name: _____	Middle Name: _____
Suffix Name: _____	Email: _____	
Title: _____	Board Member?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Committee Member?: <input type="checkbox"/> Yes <input type="checkbox"/> No

Vendors Can Add Up To 2 Additional Contacts Here

First Name: _____	Last Name: _____	Middle Name: _____
Suffix Name: _____	Email: _____	
Title: _____		
First Name: _____	Last Name: _____	Middle Name: _____
Suffix Name: _____	Email: _____	
Title: _____		