

## ASSOCIATE MEMBERSHIP APPLICATION

Associate members are individuals whose businesses provide goods and services to owners and managers of affordable housing and/or are affiliated with nonprofit organizations which have an interest in the industry.

| Full Name:            | Title:            |
|-----------------------|-------------------|
| Company/Organization: |                   |
| Street Address:       | City, State, ZIP: |
| Mailing Address:      | City, State, ZIP: |
| Phone:                | Email             |
| Web Site:             |                   |

Briefly describe the nature of the products and/or services your company or organization provides:

We would also appreciate a brochure or flyer describing your organization.

## MEMBERSHIP DUES PAYMENT:\$260/ Year

Submit your completed application and dues payment to:

## AHMA PO Box 13454 Olympia, Wa 98508

Please address membership questions to Executive Director DeAnn Hartman, deannh@ahma-wa.org .