



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.

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|------------------------------|--------------------------|
| 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**

Submit your completed application and dues payment to:

AHMA/ARHC
PO Box 13454
Olympia, Wa 98508

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