

2017/2018
MEMBERSHIP APPLICATION / RENEWAL FORM
Illinois Chapter of NAHRO
(Please Print or type all information)



Contact Name: _____

Agency/Company Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Mailing Address (if different from above): _____

City: _____ State: _____ ZIP Code: _____

Telephone: () _____ Fax Number: () _____

Please provide up to 5 staff emails for "Agency" membership:

E-mail _____ Name: _____

E-mail _____ Name: _____

E-mail _____ Name: _____

E-mail _____ Name: _____

E-mail _____ Name: _____

Type of Membership (Check one or both):

Agency (\$75.00) from Oct. 1, 2017 to Sept. 30, 2018

Individual (\$25.00) from Oct. 1, 2017 to Sept. 30, 2018

Check the lines below that apply to the business of your agency/company:

Public Housing/Section 8

Vendor/Supplier

CDBG (other governmental agency)

Other Affiliated Member

Commissioner

(specify): _____

Affordable Housing

Please mail and make checks payable to: **Illinois NAHRO**

Illinois NAHRO
Jackie Newman
Springfield Housing Authority
200 North Eleventh Street
Springfield, IL 62703

Phone: 217-753-5757 or info@ilnahro.org