

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](mailto:info@ilnahro.org)