



2019 - 2020

MEMBERSHIP APPLICATION / RENEWAL FORM

Illinois Chapter of NAHRO

(Please Print or Type All Information)

Contact Name: _____

Agency/Company Name: _____

Address _____

City: _____ State: _____ Zip Code: _____

Telephone: () _____ Fax Number: () _____

Please provide up to five (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 October 1, 2019 to September 30, 2020

Individual (\$25.00) from October 1, 2019 to September 30, 2020

Check the one below that applies to the business of your agency / company:

Public Housing / Section 8

Vendor / Supplier

CDBG (other governmental agency)

Commissioner

Affordable Housing

Other Affiliated Member
(specify): _____

Please make your check payable to: **Illinois NAHRO**

Mail to: Jackie L. Newman, President
Springfield Housing Authority
200 North Eleventh Street
Springfield, Illinois 62703

Phone: (217) 753-575, Ext. 206 or info@ilnahro.org