

## MEMBERSHIP APPLICATION

## Agency Information

Agency Name :	
Contact Name:	
Address:	
Phone Number:	E-Mail:
For Organizational Memberships:: Additional Emails of meetings, workshops, etc.	others in your organization that should be notified about
Name:	E-Mail:
Membership Type	е
\$60 ORGANIZATIONAL MEMBERS	HIP \$25 INDIVIDUAL MEMBERSHIP
Organizational Membership (For pub private or non-profit organizations whousing-related mission. Up to five employees of HRHC member organizations receive the member for luncheons, workshops and other HRHC events requiring a registration	person desiring to receive HRHC mailings and notifications.)
Please make checks payable to: HRHC.	
Return this completed form and your paym	ent to:
HRHC Treasurer c/o Hampton Roads Planning District Commis 723 VVoodlake Drive Chesapeake, VA 23320	sion

Paying by credit card, please visit our website: www.hamptonroadshousing.org