



Alberta Public Housing Administrators' Association Application for Membership 2008/09

NOTE: Membership Year is from September 1 to August 31 each year.

The bylaws of APHAA allow for the following two categories of membership:

Regular Member	<p>Means</p> <ul style="list-style-type: none"> • the Chief Administrative Officer (CAO) who is responsible for the overall operations of a Management Body or • a Senior Administrator of a Management Body who is not the CAO, but who bears significant organizational responsibility, as deemed by the Membership Selection Committee of the Association or • a Senior Manager of Public Non-Profit and/or Private Non-Profit housing agencies that are subsidized by the Alberta Government on an on-going basis, as deemed by the Membership Selection Committee of the Association
Associate Member	<p>Means any individual who does not qualify for Regular Membership but who has an interest in Public Housing and has been granted membership as an Associate Member by the Membership Selection Committee of the Association.</p>
Honorary Member	<p>Means any individual who has been granted this special designation by the Association. Honorary Members are exempt from payment of annual membership fee.</p>

Copies of the Association Bylaws may be viewed on the Association website at www.aphaa.org or by contacting the Association Office at the address noted below.

You may apply on line using a credit card at www.aphaa.org

You may fax or mail the Application Form with your credit card information completed below.

If paying by cheque mail the Application Form and your cheque to the Association to:

Alberta Public Housing Administrators' Association

6th Floor 10242 105 Street NW

Edmonton AB T5J 3L5

Fax (780) 464-7039 Email: info@aphaa.org



Alberta Public Housing Administrators' Association

Membership Application Form 2008/09

I hereby make application for membership in APHAA as (choose one)

Regular Member or Associate Member or Honorary Member

Name		Position	
Agency			
Mailing Street Address			
City/Town		Postal Code	_____
Phone	(____) _____ - _____	Fax	(____) _____ - _____
Email		Website	

I understand and agree that the main method of communication between the Association and it's members will be by email. I understand that I am fully responsible to notify the Association of any changes to my email address.

Enclosed is my membership fee for \$325.00 for the current membership year (Sept1/08 to Aug31/09).

Applicant's Signature

Date

If paying by Credit Card please complete the following information:

Credit Card Type : Visa MasterCard

Card Number: _____

Expiry Date:
 (MM) (YYYY)

Cardholder Signature: _____

Please complete the following housing program information sheet and submit it with your application.

Please provide details on the Publicly Funded Housing you administer:

Housing Programs	# Units	
	Currently Operating	Under Construction
Affordable		
Community Housing Program		
Cottage Units		
Designated Assisted Living Units		
Designated Supportive Living Units		
Direct To Tenant Rent Supplement		
Fixed Rate Rent Supplement		
Fort McMurray Rent Supplement		
Market		
Municipal Non Profit		
Private Non Profit		
Private Non Profit Special Purpose		
Public Non Profit Municipally Owned		
Public Non Profit Special Needs		
Regular Rent Supplement (PLRS)		
Rural & Native		
Seniors Lodge (Supportive Living)		
Seniors Self Contained		
Sustainable Remote Housing Initiative		
Other (specify):		
Other (specify):		
Other (specify):		

Please provide details on your agency operations as these relate to the units identified above.

Current Annual Operating Budget (all programs)	\$	
Annual Payroll	\$	
Total Number of Employees		
Number of Full Time Employees		
List Below Municipalities that are members of your agency or that you serve (continue on back if necessary)		