



## Alberta Public Housing Administrators' Association Application for Membership 2011/12

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

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

<b>Regular Member</b>	Means: <ul style="list-style-type: none"><li>• The Chief Administrative Officer (CAO) who is responsible for the overall operations of a management body or other agency; or</li><li>• A Senior Administrator or Manager of a management body or other agency who is not the CAO, but who bears significant organizational responsibility, as deemed by the Membership Selection Committee of the Association;</li></ul>
<b>Associate Member</b>	Means an employee of a management body, agency, or other voluntary/non-profit organization who does not qualify for Regular Membership, as approved by the Membership Selection Committee of the Association.
<b>Honourary Member</b>	Means an individual who has made an outstanding contribution to the publicly funded housing industry, as nominated by the Executive and approved by a majority of the Membership at an Annual General Meeting.

Copies of the Association Bylaws may be viewed on the Association website at [www.aphaa.org](http://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](http://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**  
14220 109 Avenue NW  
Edmonton AB T5N 4B3  
Fax (780) 488-3561 Email: [info@aphaa.org](mailto:info@aphaa.org)



Alberta Public Housing Administrators' Association

Membership Application Form 2011/12

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

\_\_\_ Regular Member or \_\_\_ Associate Member or \_\_\_ Honourary Member

Form with fields: Name, Position, Agency, Mailing Street Address, City/Town, Postal Code, Phone, Fax, Email, Website

If you are not the Chief Administrative Officer of your agency please answer the following questions: In the absence of the CAO, would you report to your board? Yes \_\_\_ No \_\_\_ Would you be named the designate in absence of the CAO? Yes \_\_\_ No \_\_\_

I understand and agree that the main method of communication between the Association and its 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 \$350.00 for the current membership year (Sept1/11 to Aug31/12).

Applicant's Signature

Date

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If paying by Credit Card please complete the following information:

Credit Card Type : \_\_\_ Visa \_\_\_ MasterCard

Card Number: \_\_\_\_\_

Expiry Date: (MM) (YYYY)

Cardholder Signature: \_\_\_\_\_

(NOTE: Credit Card information will be used to process payment of your membership fee only, and then will be destroyed once payment confirmation has been received. It will not be retained on file by APHAA.)

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		
SL 4 (Designated Assisted Living Units)		
SL 3 (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	
<b>List Below Municipalities that are members of your agency or that you serve (continue on back if necessary)</b>	