

Alberta Public Housing Administrators' Association Membership Application 2018-2019

Please note that the APHAA membership year is September 1st to August 31st of each year

Membership in APHAA is the individual, not the agency that individual works for.

Individuals employed by a management body or non-profit housing organization are eligible for membership. Others not so employed may become members, subject to the approval of the APHAA Executive.

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

You may apply on line using Visa or MasterCard 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 :

Alberta Public Housing Administrators' Association
14220 109 Avenue NW
Edmonton AB T5N 4B3
Fax 780-464-7039 Email : info@aphaa.org

Please complete the **Program Information Sheet** and submit it with your application. The information provided assists the Association in assessing future member services - especially education and professional development programs.

Alberta Public Housing Administrators' Association
Membership Application Form 2018-2019

I hereby make application for membership in APHAA

First Name _____ Last Name _____
Position _____
Agency _____
Address 1 _____
Address 2 _____
City/Town _____ Province _____
Postal Code _____ Phone Number _____ Fax Number _____
Email _____ Website _____

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 \$450.00 for the current membership year (Sept 1st, 2018 to August 31st, 2019).

Applicant's Signature Date _____

If paying by Visa or MasterCard please complete the following information:

Credit Card Type: Visa MasterCard

Card Number: _____ Expiry Date: _____

Card Verification Digits (MM) (YYYY)

Cardholder Signature: _____

