

Alberta Public Housing Administrators' Association **Membership Application 2019-2020**

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 2019-2020

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 (to August 31st, 2020).

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: _____

