



AFFORDABLE HOUSING ASSOCIATION OF INDIANA

Service or Supply Company to the Affordable Housing Industry

APPLICATION FOR ASSOCIATE MEMBERSHIP

2010 Annual Dues: \$150

(Dues payment must accompany application)

Firm Name _____ Phone _____ FAX _____

Main Office _____ City _____ State _____ Zip _____

Branch Office (if any) _____

E-mail: _____ Website: _____

Names and titles of Owners, Partners, or Officers of Corporation _____

Name of persons in your firm to whom communications should be addressed (& addresses if different from above):

What is the nature of your business? _____

How long have you been engaged in business in the state of Indiana? _____ years

Was the firm ever a member of the Affordable Housing Association under the present name or any other name?

Yes

No

If yes, give name (s) of the type of membership and name(s) under which formerly enrolled: _____

This firm certifies that the foregoing statements are true & accurate and agrees if elected to membership that in accepting the privileges it also will accept the obligations of membership; that it will be governed by the by-laws of the Affordable Housing Association of Indiana, Inc. as long as it continues as a member and further agrees to promote the objectives of the association.

Important Tax Information: Under the provisions included in section 1070(a) of the Revenue Act passed by Congress in December, 1987: 1) Contributions to the Affordable Housing Association are not deductible as charitable contributions for federal income tax purposes. 2) For specific guidelines concerning your particular situation, it is recommended that you consult a tax professional.

In the event of termination of membership in the Affordable Housing Association of Indiana, Inc., this firm agrees to discontinue the use of the insignia in any form. The applicant whose signature appears below hereby authorizes the Affordable Housing Association of Indiana, Inc. to investigate the history of the past seven years for the purpose of determining approval or disapproval of this membership application.

Date _____ Firm Name _____ Signature _____

Title _____ Mailing Address _____

Recommended for membership by: _____ Company _____

updated 1/10

Affordable Housing Association of Indiana
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