



**AFFORDABLE HOUSING ASSOCIATION OF INDIANA**  
 Regular Member (Apartment Owner or Management Company)  
**APPLICATION FOR REGULAR MEMBERSHIP**  
 2010 Annual Dues: \$4.50 per Unit  
 (Dues payment must accompany application)

Mgmt. Co/Independent Owner

Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Main Office \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Branch Office (if any) \_\_\_\_\_ E-mail \_\_\_\_\_

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):

Name \_\_\_\_\_ E-mail \_\_\_\_\_

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 a 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.

Total number of units managed in Indiana _____		Total number of RD properties owned or managed in Indiana _____					
<i>(please list all communities below. If necessary, attach additional sheets.)</i>							
Community Name	Mailing Address	Zip	County	Phone	Fax	Manager	# of RD Units
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

This firm certifies that the forgoing statements are true & accurate and agrees if elected to membership that in accepting the privileges it will also 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 AHA are not deductible as charitable contributions for federal income tax purposes. 2) For specific guidelines concerning your particular situation, it is recommended you consult a tax professional.**

*In the event of termination of membership in the Rural Rental 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 \_\_\_\_\_ Mgmt. Co/Independent Owner Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Mailing Address \_\_\_\_\_

Recommended for membership by: \_\_\_\_\_ Company \_\_\_\_\_

Please check here if you would like more information about joining the Council for Affordable and Rural Housing (CARH) at AHA special rates.