

## $\begin{array}{c} \text{Hampton Roads Housing Consortium} \\ 2017\text{-}2018 \\ \text{July 1, 2017-June 30, 2018} \\ \text{MEMBERSHIP APPLICATION (OR RENEWAL)} \end{array}$

Name:	(Person who should receive HRHC ma	ailings and faxes s	sent to vour o	rganization.)
Organization: Mailing Address:			on to your o	. ga a ,
Work Phone #:	Fax:  Membership Type (check one):	Email	:	
	Organizational Membership (For public, private or non-profit organizations with a housing-related mission. Up to five employees of HRHC member organizations receive the member rate for luncheons, workshops and other HRHC events requiring a registration fee.		\$60	
	Individual Membership (For interested person desiring to receive HRHC mailings and notifications.)		\$25	
Additional Emails of	others in your organization that should	be notified about	t meetings, w	orkshops, etc.:
Name	En	nail:		

Please make checks payable to **HRHC**. Return this completed form and your payment to:

HRHC Treasurer c/o Hampton Roads Planning District Commission 723 Woodlake Drive Chesapeake, VA 23320

Paying by credit card, please visit our website: www.hamptonroadshousing.org