

$\begin{array}{c} \text{Hampton Roads Housing Consortium} \\ 2018\text{-}2019 \\ \text{July 1, 2018-June 30, 2019} \\ \text{MEMBERSHIP APPLICATION (OR RENEWAL)} \end{array}$

Name:	(Person who should receive HRHC ma	illings and faxes s	sent to your c	organization.)
Organization:				
Mailing Address:				
Work Phone #:	Fax:	Email	:	
	Membership Type (check one):	Amo	unt	
	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 o	f others in your organization that should	be notified about	t meetings, w	orkshops, etc.:
Name		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