



Hampton Roads Housing Consortium
2019-2020
July 1, 2019-June 30, 2020
MEMBERSHIP APPLICATION (OR RENEWAL)

Name: _____
 (Person who should receive HRHC mailings and faxes sent to your organization.)

Organization: _____

Mailing Address: _____

Work Phone #: _____ **Fax:** _____ **Email:** _____

Membership Type (check one):	Amount
Organizational Membership <i>(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.)</i>	<input type="checkbox"/> \$60
Individual Membership <i>(For interested person desiring to receive HRHC mailings and notifications.)</i>	<input type="checkbox"/> \$25

Additional Emails of others in your organization that should be notified about meetings, workshops, etc.:

Name	Email:

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