

${ \begin{array}{c} \text{Hampton Roads Housing Consortium} \\ 2021\text{-}2022 \\ \text{July 1, 2021-June 30, 2022} \\ \text{MEMBERSHIP APPLICATION (OR RENEWAL)} \\ \end{array} }$

Name:				
	(Person who should receive HRHC ma	ilings and faxes s	ent to your o	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		\$60	
	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.)	1		
	Individual Membership (For interested person desiring to receive HRHC mailings and notifications.)		\$25	
	notifications.)			
Additional Emails o	f others in your organization that should	be notified about	meetings, w	orkshops, etc.:
Name		ail:		

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