



AHMA-NCNH
2010

**29TH ANNUAL CONFERENCE
AND TRADESHOW**

**SEPTEMBER 16-17
SANTA CLARA, CALIFORNIA**

Associate Membership Application

____ I hereby renew my membership / apply for membership in the Affordable Housing Management Association of Northern California, Nevada and Hawaii (AHMA-NCNH) and agree to abide by its Bylaws and support its objectives and interests and to pay such dues as shall be established by the membership.

Signature: _____ Date _____

Company Information

Name of Applicant Company /Agency _____

Office Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email Address _____ Website _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

Name of Company / Agency Representative

Primary: _____ Title: _____

Other: _____ Title: _____

Other: _____ Title: _____

Other: _____ Title: _____

Annual Dues: \$450 (*will increase to \$500 on June 1, 2010*)

Designation: _____ Product Vendor _____ Government Agency _____ Manufacturer
_____ Professional Service Provider

If vendor, manufacturer, or professional service provider, please list product and/or service provided:

Please make all checks payable to AHMA-NCNH, 484 Lake Park Avenue, #402, Oakland, CA 9410-2730