

# APPLICATION FOR MEMBERSHIP

JULY 1, 2007 - JUNE 30, 2008

**NEW**

**RENEWAL**

\*New memberships will be effective February 1, 2007

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AGENCY \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

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<b>DUES STRUCTURE:</b>	5 or Fewer Employees	\$225
	6-25 Employees	\$275
	26 or More Employees	\$350

*\*Please make checks payable to **CAL-ALHFA**\*  
Please fax or mail with payment to:*

**California Association of Local Housing Finance Agencies**  
**1006 Fourth Street, 6th Floor**  
**Sacramento CA 95814**  
**Phone: 916.444.0288**  
**Fax: 916.444.3408**