



ASSOCIATE MEMBERSHIP APPLICATION

Associate members are individuals whose businesses provide goods and services to owners and managers of affordable housing and/or are affiliated with nonprofit organizations which have an interest in the industry.

Full Name:	Title:
Company/Organization:	
Street Address:	City, State, ZIP:
Mailing Address:	City, State, ZIP:
Phone:	Email
Web Site:	

Briefly describe the nature of the products and/or services your company or organization provides:

We would also appreciate a brochure or flyer describing your organization.

**► MEMBERSHIP DUES PAYMENT:
\$260**

Submit your completed application and dues payment to:

AHMA
PO Box 13454
Olympia, Wa 98508

Please address membership questions to Executive Director DeAnn Hartman, deannah@ahma-wa.org .