

W I - C A R H

Wisconsin Council for Affordable and Rural Housing

MEMBERSHIP APPLICATION

(2012)

_____ Yes! I want to join the Wisconsin Council for Affordable and Rural Housing. Enclosed is my check for \$ _____ to cover my dues assessment.

Company Name: _____

Contact Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____ Website: _____

MEMBERSHIP CATEGORY (Check One):

_____ **Basic Membership Fee - \$300 dues** \$ _____
(management companies, developers, lenders, syndicators/equity financiers, owners, and nonprofits who develop, own or manage)

**If you own less than 100 units, you may pay the project education fees only (with limited benefits)*

Plus Rural Housing Educational Fees \$ _____
(from list on back of this application)

_____ **Associate Membership Fee: \$300 dues** \$ _____
(accountants, architects, attorneys, computer & software vendors, insurance agencies, market analysis, site inspection services, & other companies that provide services to the Rural Housing industry)

TOTAL MEMBERSHIP FEE \$ _____

Please mail this form with your check to:

WI-CARH
P. O. Box 394
Mt. Horeb, WI 53572

Phone: (608) 437-2300
Fax: (608) 437-8057 (need to call first)
E-mail: wi-carh@charter.net

