

W I - C A R H

Wisconsin Council for Affordable and Rural Housing

MEMBERSHIP APPLICATION

(2016)

_____ 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: _____ Title: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____ Website: _____

MEMBERSHIP CATEGORY (Check One):

_____ **Basic Membership Fee - \$500 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: \$500 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) 437-2300
E-mail: info@wicarh.org

