

Professional Affordable Housing Management Association

FOR OFFICE USE:

PAHMA Annual Membership Renewal Application - 2022 —						RLST MLST
Please complete this	form and return	it with pay	ment of you	ur annual d	dues:	MLOG CCON
Organization Name_						WEBST
Address						
City, State, Zip Code_						
Contact Person Name						
Phone Number						
E-Mail Address						
If someone in your or future board membe	_		_			
Please list any chang name, address, e-ma membership renewa	ail, and number o	of units per	property;	or includ	e a listing	with your
Property Name	Address	City, Sta	te, Zip	E-mail	# Units	
Please make your che	eck, in the amount	t of \$295.0	0, payable t	о РАНМА а	and send it	with this
PAHMA Membership						
f =7	_	PO Box 486				
EQUAL HOUSING			5139-0486			
EQUAL HOUSING OPPORTUNITY	www.pahma.		info@pahn	na.org		
	412	:-445-8357 v	oicemail			