



2025 M Street, NW Suite 800 • Washington, DC 20036-3309
Phone: 202-367-1197
E: info@nalhfa.org
W: www.nalhfa.org

MEMBERSHIP APPLICATION

We the undersigned hereby apply for membership in the National Association of Local Housing Finance Agencies (NALHFA) in the following category:

Regular Member

(Local Government Entity – i.e. Housing Authorities)

Non-Profit Member

(Individual professors, educational institutions, associations)

Affiliate Member

(Supplier of products or services – i.e. accountants, developers, law firms, lenders)

Primary Contact Information:

Organization Name: _____ Telephone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____
Name of primary contact: _____ Title: _____
E-mail Address of primary contact: _____
Primary contact telephone: _____

Billing Information: Same as Company Information

Organization Name: _____ Telephone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip: _____
Name of billing contact: _____ Title: _____
E-mail Address of primary contact: _____
Billing contact Telephone: _____

Organization Description:

- ◆ What date did the applicant organization form? _____
- ◆ Is the applicant company a corporation? Yes No
- ◆ What is the total number of employees at your organization? _____
- ◆ Company Web Address _____
- ◆ Company E-mail _____



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◆ Please list other key organizational contacts.

Executive Assistant	Title	Phone	E-mail
Government Relations	Title	Phone	E-mail
Sales & Marketing	Title	Phone	E-mail
Other	Title	Phone	E-mail

◆ **Regular Members Only:** Population your organization serves: _____

◆ **Affiliate Members Only:** What are the products and services that your organization provides to the local housing finance industry?

- _____
- _____
- _____
- _____

THIS APPLICATION IS SUBMITTED FOR CONSIDERATION OF OUR MEMBERSHIP QUALIFICATIONS BY THE BOARD OF DIRECTORS OF THE NATIONAL ASSOCIATION OF LOCAL HOUSING FINANCE AGENCIES.

If accepted for membership, we agree to conform to the By-laws of the association, copy of which we have received and read, and to make such reports of production, orders, shipments and other data as may be required periodically or otherwise, so far as practicable; it being understood, however, that data relating to production, orders, shipments or sales shall be treated as confidential between our firm and the association and not disclosed to competitors or any unauthorized person without specific permission. We also agree to make remittance of our dues and assessments based upon the method prescribed by the Board of Directors, as required of other members of the association.

Submitted by _____

Title _____

Date _____

Signature _____

HELP SUPPORT OUR INDUSTRY BY JOINING NALHFA

Send to:
NALHFA – Jonathan M. Paine, CAE
2025 M Street, NW, Suite 800
Washington DC 20036-3309
Phone: (202) 367-1197
E: info@nalhfa.org
W: www.nalhfa.org

<p><i>NALHFA Use only</i> Application received _____ Approved _____ Signature _____</p>
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