

NYS FAH

NEW YORK STATE ASSOCIATION FOR AFFORDABLE HOUSING

450 7th Avenue, Suite 2401, New York, NY 10123 Tel. 646.473.1205 Fax 718.432.2400 Web www.nysafah.org

APPLICATION FOR MEMBERSHIP

Name _____
Affiliation _____
Address _____
City/State/Zip _____
Phone/Fax _____
Email _____

I am applying for membership at the following level:

- Board of Directors** (\$5,000 dues first year, \$4,000 subsequent years)
- Advisory Board** (\$3,000 dues first and subsequent years)
- Associate** (\$500 dues first year, varying rates in subsequent years*)

*Associate member renewal rates are as follows:

- \$500 Small Firm (less than 10 employees and/or \$1.5m in gross receipts)
- \$500 Not-for-Profits
- \$1,500 Regular Associates
- \$2,000 Developers

Checks should be made payable to NYSAFAH and mailed to:

One Riverdale Avenue, Suite 2, Bronx, NY 10463

To pay by credit card please furnish the following:

- AMEX
- MC/VISA

Name on Card: _____
Billing Address: _____
Card Number: _____
Expiration Date: _____
Cardholder's Signature: _____

I am a(n) *(please select up to three categories)* :

- | | |
|---|---|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Insurance Provider |
| <input type="checkbox"/> Appraiser | <input type="checkbox"/> Investor |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Labor Union Rep. |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Market Researcher |
| <input type="checkbox"/> Banker | <input type="checkbox"/> Mortgage Banker |
| <input type="checkbox"/> Bond Underwriter | <input type="checkbox"/> Not-for-Profit |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Real Estate Broker |
| <input type="checkbox"/> Inspector | <input type="checkbox"/> Real Estate Lender |
| <input type="checkbox"/> Developer | <input type="checkbox"/> Real Estate Manager |
| <input type="checkbox"/> Engineer | <input type="checkbox"/> Syndicator |
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Title Service Provider |
| <input type="checkbox"/> Housing Services
Provider | <input type="checkbox"/> Other: _____ |

Membership applications are subject to board approval. The Board of Directors meets on the first Wednesday of each month (with the exception of August).