

AFFORDABLE HOUSING ASSOCIATION OF INDIANA

Application for Associate Membership

Service, Supply Company or Vendor to the affordable housing industry

Annual Dues: \$150

Dues payment must accompany application



Company Name _____

Contact person, title _____

Phone _____ Fax _____

Mailing Address _____

City _____ State _____ Zip _____

Email _____

Website _____

Names, Titles and Emails for Contact Persons

Please provide AHAIN with a brief description (and logo) of your business for the AHAIN website. _____

Was the firm ever a member of AHAIN under the present name or any other name?

___ Yes ___ No If yes, what name? _____

*Please send application and payment to the address below. If you like, you can email or fax your application and business logo to: **info@inaha.org**.*

Affordable Housing Association
530 S. 13th Street
Decatur, IN 46733

This firm certifies that the foregoing statements are true and accurate and agrees if elected to membership that in accepting the privileges it also will accept the obligations of membership; that it will be governed by the by-laws of the Affordable Housing Association of Indiana, Inc. as long as it continues as a member and further agrees to promote the objectives of the association.

Important Tax Information: Under the provisions included in section 1070(a) of the Revenue Act passed by Congress in December, 1987: 1) Contributions to the Affordable Housing Association are not deductible as charitable contributions for federal income tax purposes. 2) For specific guidelines concerning your particular situation, it is recommended that you consult a tax professional.

In the event of termination of membership in the Affordable Housing Association of Indiana, Inc., this firm agrees to discontinue the use of the insignia in any form. The applicant whose signature appears below hereby authorizes the Affordable Housing Association of Indiana, Inc. to investigate the history of the past seven years for the purpose of determining approval or disapproval of this membership application.

Date _____ CompanyName _____

Signature _____ Title _____

Recommended for membership by _____

Company _____

Please select the category in which your company does business: (select all that apply)

- 504's and Capital Needs Assessments
- Accessibility Site Inspection Services
- Affordable Housing Development,
- Mgt, Ownership
- Appraisals
- Market Feasibility Studies
- Rent Comparability Services
- Architect
- Asset Management
- Attorney
- Bathroom Modifications
- Building Materials
- Cabinetry
- Carpet and Floor Coverings
- Certified Public Accountants
- Compliance and Asset Mgt Services
- Computer Software
- Concrete Grinding
- Construction
- Debt Collection
- Exterminator
- Financial Services
- Fire Hydrant Services
- Furniture Supplier
- General Contractor
- HVAC
- Insurance
- Kitchen Bath
- Laundry Services
- Mold Assessment and Remediation
- Nonprofit
- Painting
- Playground Equipment
- Plumbing
- Printing
- Property Tax Analysis
- Real Estate Tax Assessments
- Redevelopment
- Resident Screening
- Restoration and Reconstruction
- Roofing
- Security
- Sidings/Bricks
- Training
- Utility Allowance Calculations
- Website Design