



Application

Applicant's Name: _____

Title: _____

Company Name: _____

Number of Employees: _____

Company Address: _____

City, State, Zip: _____

Phone: _____ / _____

E-mail: _____

Please check membership category for which you are qualified:

☐ **Corporate Member - \$5,500/year**

Individuals and companies interested in the development, construction, preservation, rehabilitation, or support of affordable housing through the Multifamily Mortgage Revenue Bond Program, the State Apartment Incentive Loan Program, the HOME Investment Partnership Program, the Housing Credits Program, the National Housing Trust Fund Program, and/or other affordable housing programs. These individuals and companies include, but are not limited to, developers, builders, lenders, equity providers, attorneys, and advisors.

☐ **Financial/Bank Member - \$5,500/year**

Financial institution members regulated by the Office of the Comptroller of the Currency interested in financing the development, construction, and rehabilitation of affordable housing through the Multifamily Mortgage Revenue Bond Program, the State Apartment Incentive Loan Program, the HOME Investment Partnership Program, the Housing Credit Program, and/or the National Housing Trust Fund Program.

☐ **Small Developer Member - \$3,000/year**

Developers that would otherwise fall under the classification of Corporate Member, but whose companies are made up of **three (3) or fewer employees**.

☐ **Consultant Member - \$3,000/year**

Individuals and companies with three or fewer employees that do not directly apply for funding for the development, construction or rehabilitation of affordable housing. This class of membership includes individuals and companies that assist and/or provide consulting services to individuals and/or corporations that would be classified as Corporate Members, Small Developer Members, Non-Profit Members, but are not full-time employees of such Members.

☐ **Non-Profit Member - \$2,500/year**

Non-profit organizations interested in the development, construction and rehabilitation of affordable housing in the State of Florida.

☐ **Trade Member (non-voting) - \$500/year**

Individuals and companies interested in providing the following services to companies constructing or rehabilitating affordable housing: general contracting, subcontracting, architectural, maintenance supply, materials, and other related construction industry vendors, and organizations providing supportive services to affordable housing tenants in the State of Florida.

This class of membership does not include individuals or companies otherwise eligible for membership under another Class.

CAHP MEMBERSHIP

Application for membership is hereby made to the Coalition of Attainable Housing Providers of Florida. As part of this process, it is agreed this application is checked in the correct membership category and has corresponding dues enclosed; that applicant will respect and abide by CAHP's governing documents.

Signed: _____

Date: _____

METHOD OF PAYMENT

1. Credit Card:

☐ I authorize CAHP to charge my credit card:

\$ _____

☐ MasterCard ☐ VISA ☐ AmEx

Card No. _____

Expiration Date: _____

3-digit security code: _____

Name of Cardholder: _____

Address of Cardholder: _____

City/State/Zip: _____

Signature: _____

I understand my billing statement will read "Membership Services."

2. Check: Made payable to "CAHP"

Amount Enclosed: \$ _____

Send to:

CAHP

1400 Village Sq. Blvd., Suite 3-250

Tallahassee, FL 32312

Email: suzanne@floridacahp.org

Phone 850/222-6000