Cooperators Cooperating

P A H C

Enrich Lives & Foster Growth

Provide continuing education for its membership!

COOPERATIVE/CONDO MEMBERSHIP APPLICATION

For further information, please contact **Lashon Hill**: 202-315-68381734; **Annie Hill**: 202-568-3387

1. COOPERATIVE

Name of Cooperative _____

Address _____

Co-op's Telephone _____

Co-op Website (if applicable): www._____

Will you allow PAHC to add a link from our Website to your co-op's website? ☐ **Yes** ☐ **No**

2. DUES CALCULATION (You have the option to join PAHC only or both NAHC through PAHC)

e.g., units _ 200 x $1.50 = $ 300.00 + units 200 x $3.25 = $650.00 Total: $950.00 would be your total dues.

PAHC **NAHC**

No. of Units _____ **x $1.50 = $**_____ **+ No. of Units x $3.25 = $**_____ **TOTAL $**_____

Please Make Check or Money Order payable to PAHC; Mail along with this form to:

Potomac Association of Housing Cooperatives, 112 N. Stockton Street, Baltimore, Maryland 21223

3. HOW MANY SERVE ON YOUR BOARD? _____

Co-op President

Name _____

Address _____

Home Tel. _____ **Work Tel.**_____ **Email** _____

4. Other Officer(s) Names:

Vice President_____ **Secretary**_____ **Treasurer** _____

Other Board Members

1)_____ **2)**_____ **3)**_____

4)_____ **5)**_____ **6)**_____

5. CO-OP MANAGEMENT: Check one: ☐ **Contract-Managed** ☐ **Self-Managed**

Mgmt. Co. Name (Omit if self-managed)_____

Manager's Name _____**Address** _____

Tel. _____ **Email** _____ **Fax**_____