



## Alberta Public Housing Administrators' Association Membership Application 2017/2018

**Please note that the APHAA membership year is September 1st to August 31st of each year**

To apply for membership an individual must be employed by a management body or non-profit organization that receives housing operational dollars from government.

The APHAA bylaws allow individuals to apply for membership in one of the two following categories. (Please note that it is the individual who is the member, not the agency who employes that individual.)

<b>Regular Member</b>	A CAO (the individual who answers directly to the Agency's Board of Directors and who is responsible for the overall operation of the Agency), or  A Senior Administrator of an Agency who is not the CAO, but who bears significant organizational responsibility, as determined by the Membership Selection Committee of the Association.
<b>Association Member</b>	An employee of an Agency who does not qualify for Regular Membership, as determined by the Membership Selection Committee of the Association

Copies of the Association Bylaws may be viewed on the Association website at [www.aphaa.org](http://www.aphaa.org) or by contacting the Association Office as noted below.

**You may apply on line using Visa or MasterCard at [www.aphaa.org](http://www.aphaa.org)**

**You may fax or mail the Application Form with your credit card information completed below.**

**If paying by cheque mail the Application Form and your cheque to the Association :**

**Alberta Public Housing Administrators' Association**  
14220 109 Avenue NW  
Edmonton AB T5N 4B3  
Fax 780-464-7039 Email : [info@aphaa.org](mailto:info@aphaa.org)

Please complete the **Program Information Sheet** and submit it with your application. The information provided assists the Association in assessing future member services - especially education and professional development programs.



## Alberta Public Housing Administrators' Association Membership Application Form 2017/2018

I hereby make application for membership in APHAA as :  Regular Member  Associate Member

First Name

Last Name

Position

Agency

Address 1

Address 2

City/Town

Province

Postal Code

Phone Number

Fax Number

Email

Website

If you are not the CAO of your agency please answer the following questions:

In the absence of the CAO, would you report to your board?  Yes  No

Would you be named the designate in absence of the CAO?  Yes  No

**I understand and agree that the main method of communication between the Association and its members will be by email. I understand that I am fully responsible to notify the Association of any changes to my email address.**

**Enclosed is my membership fee for \$425.00 for the membership year September 1, 2017 to August 31st, 2018.**

\_\_\_\_\_  
Applicant's Signature

Date

If paying by credit card please complete the following:

Visa

MasterCard

Credit Card Number:

Card Expiry Date :

Card Verification Digits:

mm/yy

