

RRHA of Illinois

APPLICATION FOR MEMBERSHIP (2019-2020)

Name _____

Occupation _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail(s) _____

Please check one:

Regular Membership (Apartment Manager or Management Company)
\$3.50 per unit under ownership or management

Associate Membership (Service or Supply company to the 515 Rental Housing Industry)
\$100.00

If applying for **Regular Membership** (Apartment Manager or Management Company)

Number of properties _____ Number of units _____

Please list each property name, locations, and number of units. *(continue on back if necessary)*

I have enclosed my check for annual dues to RRHA of Illinois for \$ _____
(Dues payment must accompany application).