



Capital Area Housing Association  
P.O. Box 2901  
Augusta, Maine 04338-2901

## Membership Application

(Please Note: membership card will be made out to the person listed on this application)

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

**Membership Eligibility** - Only people in one of the following categories may join the Capital Area Housing Association (*information provided is subject to verification by CAHA*).

- I am joining as a Full Member since I am either an **Owner** of at least one (1) rental property for human habitation, not for business or commercial enterprises, or a **Property Manager** who manages a minimum of five (5) rental units.

Total number of rental units/apartments: \_\_\_\_\_ (Do not include the house or apartment you are living in)

List the address and number of units for each rental location:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I am joining as an Affiliate Member since I am a **supplier** or **provider** of services who shares the purpose of the Capital Area Housing Association. I understand that Affiliate Members have no voting rights, nor are they entitled to the benefits of discount services, door prizes, and other benefits that Full Members enjoy by virtue of their current membership.

- I certify that the above information is true and correct. False information will terminate my membership with no refund.

- I want the benefits of being a member of Capital Area Housing Association, Inc. Enclosed is my check No. \_\_\_\_\_ for \$40.00 for my membership ending December 31, 20\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print and completely fill out this application. Mail it, with your check, to the address on the letterhead above. Thank you.