



**Application for Membership**

|                      |             |
|----------------------|-------------|
| Please Print or Type |             |
| Membership Name :    | # of Units: |
| Company Contact:     | Title:      |
| Mailing Address:     |             |
| City, State, Zip:    |             |
| Phone Number:        | Fax Number: |
| Physical Address:    |             |
| City, State, Zip:    |             |
| Email Address:       |             |
| Website Address:     |             |

**Check Member Category:**

|   |   |
|---|---|
| <input type="checkbox"/> Individual Communities | <input type="checkbox"/> Associate/Vendor Members<br>Members Providing Products/Services to Other Members |
|---|---|

**Annual Membership Investment Formula:**

|   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Individual Community Member = \$1.45 per unit (minimum of \$75)            |                                    |
| Total Units: <input type="text"/> x \$1.45 = \$ <input type="text"/> or \$75 (Whichever is greater) | Total Due: \$ <input type="text"/> |
| <input type="checkbox"/> Associate/Vendor Member = \$500.00   | Total Due: \$ <input type="text"/> |

*New members are required to submit annual dues with application submission.  
 In applying for this membership I/We agree to abide by the Constitution and By-Laws of the AANH. \*Disclosure-  
 Membership Name, Contact, and Email will be shared at [www.theaanh.org](http://www.theaanh.org)*

**Mail form with payment to:**  
**Apartment Association of New Hampshire - PO Box 321 Manchester, NH 03105**  
**Tax ID #: 47-0861680**

**AANH Use Only:**

|   |                              |   |
|---|------------------------------|---|
| Payment Amount \$ <input type="text"/>    | Check # <input type="text"/> | Date Paid <input type="text"/>                    |
| Date of Application: <input type="text"/> |                              | Signature of Board Approval: <input type="text"/> |