



**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 Members Providing Products/Services to Other Members
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**Annual Membership Investment Formula:**

<input type="checkbox"/> Individual Community Member = \$1.55 per unit (minimum of \$75)	
Total Units: <input type="text"/> x \$1.55 = \$ <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"/>