



# DIRECT MEMBER APPLICATION

Companies in the multifamily industry located in areas that are not served by an NAA affiliated apartment association may join CalRHA as a direct member. Contact CalRHA at 641.715.3900 or visit <https://cal-rha.org/affiliates/> for a current list of affiliated associations. To apply to CalRHA as a direct member, please complete the following application and include the dues payment according to Part 2, and forward to the address below.

By acknowledging this application, I/we understand all membership dues and application fees are non-refundable. Furthermore, by providing my mailing address, telephone, facsimile, e-mail I am consenting to receive communications sent by or on behalf of CalRHA, any Rental Housing Coalition it is affiliated with, or its affiliates via phone, mail, email or fax.

## PART 1 CONTACT INFORMATION

Company/Property Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Company/Property Address: \_\_\_\_\_

City/State/Zip/Country: \_\_\_\_\_ Website: \_\_\_\_\_

Management: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature (REQUIRED): \_\_\_\_\_

## PART 2 MEMBER DUES

Please check the appropriate type of membership and calculate your dues payment using the following formula below. Dues will be invoiced on a 12-month anniversary date basis.

**Regular Membership**      Check one:       **Independent Owner**       **Property**

Member Dues: **\$125** + (Total Number of Units \_\_\_\_\_ x **\$1.00/per Unit**) = Total Dues Payment \$ \_\_\_\_\_

*EXAMPLE: 200-unit multifamily community; \$125 member dues + \$200 (total from per unit dues) = \$325 annual dues / payment*

**Associate Membership**      (Business Partner/Product/Service Provider)

Member Dues Rate: **\$300** = Total Dues Payment \$ \_\_\_\_\_ Service Provided \_\_\_\_\_

## PART 3 METHOD OF PAYMENT

Please check the appropriate box:

Check Enclosed (Please make check payable to CalRHA)

Credit Card      Type of Card:       Visa       MasterCard       American Express

Total Amount of Payment (see Part 2 above): \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVS: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_ Card Holder Signature: \_\_\_\_\_

- As a member of CalRHA, \$30 of your annual membership dues goes towards a one-year subscription to units Magazine and is nondeductible for association dues payment.
- As a member of CalRHA, you are entitled to all membership benefits and services at member rates.
- In compliance with the Omnibus Reconciliation Act of 1993, 20% of your annual membership dues goes towards lobbying expenses and is non-deductible for association dues payment.

**Please return this form with payment or charge to:  
CalRHA / Membership Department  
5100 East Anaheim Road • Long Beach CA • 90815**