



**MEMBERSHIP APPLICATION**  
***A HUD APPROVED OPERATING EXPENSE***

**MEMBERSHIP CATEGORIES AND DUES SCHEDULE** (Please check type of membership desired.)

Regular Membership - Management Company Category

Regular membership in JAHMA is available to professional property management companies who manage one or more federally, state, or locally subsidized or insured housing projects.

**Dues: \$150 per year**

Affiliate Property Membership – Property Site Category

Affiliate Property membership in JAHMA is available to Regular Member companies who are owners of such buildings.

**Dues as follows:** 50 units or less — flat fee of \$50.00 per year

50 units and above — \$50.00 PLUS \$.75 for each unit over 50

*Please list properties owned and/or managed, using additional sheets if necessary.*

Associate Membership – Vendor Category

Associate Membership in JAHMA is available to product service vendors doing business in the property management and maintenance area. Associate membership is also available to professional service providers, banking services, legal, accounting and insurance service providers whose clients include property management companies.

**Dues: \$175.00 per year**

**I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN JAHMA**

and agree to abide by its bylaws and support its objectives and interests and to pay such dues as may be established for membership.

**Name of Applicant Company** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Property Name** (*Affiliate Property Membership Only*) \_\_\_\_\_

**# of Units** \_\_\_\_\_

**Amount of Dues \$** \_\_\_\_\_ (*see dues calculation above*)

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** ( ) \_\_\_\_\_ **Fax** ( ) \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Website** \_\_\_\_\_

**Service Provided** (*Associate Membership Only*) \_\_\_\_\_

**How did you hear about JAHMA?** \_\_\_\_\_

**Referred by** \_\_\_\_\_

**I am paying by:** € check **OR** € credit card — circle one: Visa MasterCard Discover (NO AMEX)

Name on credit card \_\_\_\_\_ Amount to Charge \$ \_\_\_\_\_

Card number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Please make all checks payable to JAHMA and return with this application to:  
JAHMA, P.O. Box 43, Riverton, New Jersey 08077-0043 ~ FAX 856.786.6265