

MEMBERSHIP

Thank you for your interest in becoming a member of the Chicago Area Fair Housing Alliance (CAFHA). Please complete this form and submit it via email to: Membership@cafha.net. All applications are reviewed by the Board of Directors. Dues are required to be paid upon membership approval.



CONTACT INFORMATION FOR PERSON COMPLETING THIS FORM

Full Name*

Phone (Direct Line)*

Email*

Cell Phone*

*required

ANNUAL MEMBERSHIP TYPE: (CHECK ONE)

Municipalities, Government Agencies, For-Profits
\$200

Non-Profits
\$100

Individuals
\$50

Dues are for the current fiscal year (September 1 – October 31).

ORGANIZATIONAL INFORMATION

Name of Organization* (write N/A if individual)

Industry* (Social Services, Legal, Education, etc.)

Email*

Phone*

Address*

City*

Zip Code*

Which email address should we use to send the application confirmation?

LET'S CONNECT

As part of the approval process we would like to schedule a conversation with you regarding your interest. What is the best way for us to connect?

Phone

Video Call

Please confirm the phone or email address where we can reach you for our conversation.

When is the best time to connect with you? Please specify day of week, time frame, etc.

ADDITIONAL INFORMATION

Please let us know what made you interested in CAFHA member?

Of all the member benefits listed on our website, which was most appealing to you?

THANK YOU SO MUCH FOR YOUR APPLICATION. WE WILL BE IN TOUCH WITH YOU SOON!