

MEMBERSHIP



Thank you for your interest in the Chicago Area Fair Housing Alliance (CAFHA). **New and renewing members should complete this form and submit it to: membership@cafha.net.**
An online version is also available on our website: www.cafha.net

PLEASE SELECT ONE: *required

*New Member (membership will be reviewed prior to approval)

*Renewing Member (membership is valid for one year from dues payment)

TYPE OF MEMBERSHIP (SELECT ONE): *required

\$200: Municipality, Government Agency, For-Profit

\$100: Non-Profit

\$50: Individual

All payments can be made online on our website via Paypal, by requesting an invoice at membership@cafha.net, or by writing a check payable to: Chicago Area Fair Housing Alliance, 228 S. Wabash, 5th Floor, Chicago, IL 60604

CONTACT INFORMATION FOR PERSON COMPLETING THIS FORM (ORGANIZATIONAL INFO BELOW):

Full Name*

Phone (Direct Line)*

Email*

Organizational Title (If applicable)

Yes

No (There will be space for you to add it below)

Are you the primary contact for CAFHA-related business?

ORGANIZATIONAL INFORMATION: PLEASE PROVIDE MOST UP-TO-DATE INFORMATION.
(Optional for individual members. Renewals need only provided new changes)

Name of Organization

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

Address*

Phone*

WHO IS (ARE) THE MAIN POINT(S) OF CONTACT FOR CAFHA?

*Include name(s), title(s) and email(s)

ADDITIONAL INFORMATION

What made you interested in joining CAFHA?

Which member benefit appeals to you most?
(networking, education, monthly mtgs, etc.)

NEW MEMBERS: LET'S CONNECT

As part of the approval process for **new** members, we would like to schedule a call for a conversation with the main contact. What is the best way for us to connect?

Phone

Video Call

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

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