**HAM**

**HOUSING ASSOCIATION OF MISSISSIPPI, INC.**

**2023 MEMBERSHIP APPLICATION/RENEWAL**

Contact Person

Company or Project Name

Mailing Address

City State Zip Code

Phone FAX \* \* E—Mail

Number of Properties Number of Units



Annual Dues:

|  |  |
| --- | --- |
| Companies having less than 100 units | $0.00 |
| Companies having 100 or more units | $250.00 |
|  |  |

Associate Membership (vendors, service companies/individuals, etc.) $125.00

Dues: Payment of \_\_\_\_\_\_\_\_\_\_enclosed

Signature

|  |  |  |
| --- | --- | --- |
| Send to: | Housing Association of Mississippi, Inc. | Tel: 601-790-7292 |
|  | P. O. Box 2251 | FAX: 601- 856-9567 |
|  | Madison, MS 39130-2251 | E-Mail: housingms@yahoo.com |