

2009 KARHA Business Affiliate Application

Check One: New Applicant Returning Applicant

Owner/Contact Name: _____

Business Name: _____

Mailing Address: _____

City/State/Zip: _____

Business Phone _____ Cell (optional): _____

Fax Number: _____ E-Mail Address: _____

Organization Type(s-corp. llc, etc.): _____

Website Address: _____

Type of Business: Distributor: _____ Retailer: _____ Construction: _____
Service Establishment: _____ Other: _____

Indicate Class of Products or Services (Plumbing, Legal, Loans, etc...)

Please List any other information you wish to share below:

Please Mail To:

KARHA
PO Box 2683
Portage MI 49081

Cost:

Full Year: \$80
July-December: \$45

Please Make Check Payable to: **Kalamazoo Area Rental Housing Association**

For more information please call: Jeremy at (269)352-9645. Or
Colleen at (269)760-7900