

K.A.R.H.A

**Kalamazoo
Area
Rental
Housing
Association**

P.O. Box 2683 Portage Michigan 49081
www.KARHA.com

Membership Application

Name: _____

Business Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

Membership Dues: \$120. Per year, plus \$20. Initiation fee for new member packets.

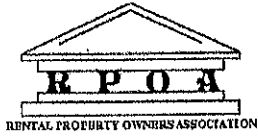
Current Year Prorated amounts:

Feb. \$130	Mar. \$120.	April \$110.	May \$100.	June \$90.	July \$80.
Aug. \$70.	Sept. \$60.	Oct. \$50.	Nov. \$40.	Dec. \$30.	

Please make check payable to : **Kalamazoo Area Rental Housing Association**

Our Mission Statement-

To provide Real Estate Investors in the Greater Kalamazoo Area the tools to be profitable, professional, and influential in a positive environment through networking, sharing ideas, and growing together. We strive to provide community awareness through quality housing, governmental affairs, and membership.



Rental Property Owners Association
Affiliate Member Information Form

Name of Local Association to Which You Belong:	
Date You Joined Association Above:	

First Name:		Middle Initial:		Last Name:	
Company Name (If different from name above.):					
Street Address 1:					
Street Address 2:					
City:		State:		Zip Code:	
Phone #:				Fax #:	
Email Address:					
Number of Units Owned:					

By signing below, you are agreeing to maintain your membership in good standing with, and abide by the code of ethics of, the above named associations. By signing, you are also certifying that the information written above is correct and truthful. You also agree that you will provide the Rental Property Owners Association of Kent County (RPOA) with any updates or changes to the information shown above for the purposes of accurately maintaining your account(s) and for mailings which may be sent to you from time-to-time, including the monthly RPOA magazine.

Furthermore, as an Affiliate member of the RPOA, you are agreeing that you will accept full responsibility for the timely payment of all purchases or charges for any and all services or products obtained from the RPOA.

Print Name

Signature

Date Signed: _____