

NEVADA HOUSING ALLIANCE

Membership Application

Business Name _____
Type or print clearly

Membership Category _____
I.e., Manufacturer, Dealer, Installer, Service, Financial, etc.

Contact Person _____

Mailing Address _____

City State Zip Code

Telephone _____ **Fax** _____

Email _____ **Web site** _____

NOTE: Retail Centers must join for each location separately. List additional locations under the same name, including the mailing address, contact person, telephone, fax, email and web site for each listing. Use other side or additional pages if necessary. This information will be included on our website.

MEMBERSHIP INVESTMENT: \$150.00 per year

Please make your check payable to *Nevada Housing Alliance* and mail the membership dues with this completed application to:

**Nevada Housing Alliance
316 California Ave., #428
Reno, NV 89509
775-742-7080**

(Retain a copy of this application form as your invoice). Due to the association's government relations and lobbying activities on your behalf, ten percent of your dues are not tax deductible.

www.NVMHA.org