



**2024 MEMBERSHIP APPLICATION**  
**PLEASE COMPLETE ONE APPLICATION FOR EACH INDIVIDUAL/MEMBERSHIP.**  
**YOU MAY COPY AS NEEDED.**

Agency or Company \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**I. HOUSING AGENCY:**

\_\_\_\_\_ Number of Public Housing Units

\_\_\_\_\_ Number of Other Units

\_\_\_\_\_ Number of Section 8 Units

**DUES CALCULATION** *(Please select one)*

\$ 125.00 (0 – 50 Units)

\$ 175.00 (51 – 500 Units)

\$ 300.00 (501 – 1,500 Units)

\$ 425.00 (1,501 – 3,000 Units)

\$ 550.00 (Over 3,000 Units)

**TOTAL AGENCY DUES:** \$ \_\_\_\_\_

**II. INDIVIDUAL MEMBERSHIP:**

\$ 50.00 (Housing Employee)

\$ 30.00 (Commissioner)

\$ 30.00 (Other)

**INDIVIDUAL DUES:** \$ \_\_\_\_\_

**III. POPULATION GRANT PROGRAM:**

\$ 100.00 (Under \$200,000)

\$ 132.00 (\$200,001 - \$1,000,000)

\$ 225.00 (1,000,001 - \$3,000,000)

\$ 319.00 (\$3,000,001 - \$5,000,000)

\$ 413.00 (Over \$5,000,000)

**GRANT PROGRAM DUES:** \$ \_\_\_\_\_



**Kansas Service Office**  
**12246 FM 1769**  
**Graham, TX 76450**

**Housing Agency, Population Grant & Business Partner Memberships entitle all agency or company staff to attend Kansas NAHRO Conferences at the reduced enrollment rate published for each Conference.**

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**IV. BUSINESS PARTNERS**

Companies, Corporations & Vendors - \$150.00

Web Advertisement - \$50.00

**BUSINESS PARTNERS DUES: \$** \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

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**Membership in Kansas NAHRO is  
January 1 - December 31.**

**PLEASE MAIL APPLICATION FORMS AND FEES TO:**

KS NAHRO Service Office  
12246 FM 1769  
Graham, TX 76450

Check # \_\_\_\_\_ (Make checks payable to: Kansas NAHRO)

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CID

Code \_\_\_\_\_

*A 5% Credit Card Processing Fee will be charged*

Name as it appears on Credit Card: \_\_\_\_\_

Billing Address of Credit Card: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_ Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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