



CAPITAL AREA HOUSING ASSOCIATION, INC.
“Landlords Working Together”
Post Office Box 2901 - Augusta, ME 04338-2901
Office: (207) 512-2180

MEMBERSHIP APPLICATION

*** Membership card will be made out in the name of the person listed on this application.**

First Name: _____ Initial: _____ Last Name: _____

Physical Address: _____ City: _____ St: _____ Zip: _____

Mailing Address: _____ City: _____ St: _____ Zip: _____

* Email: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Total number of units/apartments: _____

Address of All rental units:

Membership Eligibility (Proof of ownership may be verified)

Members of the Association (Article 3 of the Incorporation Agreement):

- Any legal owners/property managers of rental property who are interested in the purpose of the Association may join Capital Area Housing Association. Owners must own at least one (1) rental property and Property Managers must manage a minimum of five (5) rental units. Rental units must be for human habitation only and not for business or commercial enterprises.
- Any supplier or provider of services who shares the purpose of Capital Area Housing Association may join as an Affiliate Member. Affiliate Members shall have no voting rights, nor shall they be entitled to the benefits of discount services, door prizes, and any other benefits that full members enjoy by virtue of their current membership.

() I certify that the above information is true and correct. False information will terminate my membership with no refund.

Signature: _____ Date: _____

() I want the benefits of being a member of Capital Area Housing Association, Inc. Enclosed is my check No. _____ for \$40.00 for my membership ending December 31, 20____.

Print and completely fill out this application and mail it with your check to the above address.