

# RRHA of Illinois

## APPLICATION FOR MEMBERSHIP (2020-2021)

Name \_\_\_\_\_

Occupation \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail(s) \_\_\_\_\_

*Please check one:*

**Regular Membership** (Apartment Manager or Management Company)  
\$3.50 per unit under ownership or management

**Associate Membership** (Service or Supply company to the 515 Rental Housing Industry)  
\$100.00

If applying for **Regular Membership** (Apartment Manager or Management Company)

Number of properties \_\_\_\_\_ Number of units \_\_\_\_\_

Please list each property name, locations, and number of units. *(continue on back if necessary)*

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**I have enclosed my check for annual dues to RRHA of Illinois for \$ \_\_\_\_\_**  
*(Dues payment must accompany application).*