



INVOICE

APPLICATION/RENEWAL 2017 **ASSISTED HOUSING AGENCY** MISSOURI CHAPTER NAHRO

AGENCY NAME: _____
CONTACT PERSON TITLE: _____
ADDRESS: _____
CITY, STATE, ZIP CODE: _____
Email Address: _____

TELEPHONE: _____ FAX: _____

AGENCY MEMBERSHIP FEE STRUCTURE

Assisted Housing Agencies

0 - 100 units	\$100.00
101 - 200 units	\$150.00
201 - 500 units	\$175.00
501+ units	\$200.00

Other Agencies (CR&D)

0-25,000 population
25,000-50,000 population
50,000 more

Number of Housing Units _____

Number of Section 8 Units _____

Payment Method: Make Checks Payable to Missouri NAHRO, A 5% Credit Card Processing Fee will be charged for each registration.

Check # _____ Amount \$ _____ Credit Card # _____

Credit Card Exp. Date: _____ CID Code _____

Name as it appears on Credit Card: _____

Billing Address of Credit Card: _____ City/St/Zip: _____

Contact Person: _____ Phone #: _____

PLEASE FORWARD CHECK MADE PAYABLE TO:

MISSOURI CHAPTER OF NAHRO

Send to: **Shelli Scrogum**
MONAHRO Service Office
12246 FM 1769
Graham, TX 76450
p. 940-521-9982
f. 866-234-4018

