



# MEMBERSHIP APPLICATION

## Membership Categories & Dues Structure *(Please indicate your membership category)*

### Active Member

Any firm or corporation engaged in the corporate housing industry. Dues are based on the number of locations\* involved in your operations of corporate housing:

- 1-2 locations     3-5 locations     6-9 locations     10-19 locations     20+ locations
- \$825                      \$1000                      \$1,750                      \$2,300                      \$6,675

\* A location is an office from which you provide corporate housing services, not locations in which you have units.

### Associate Member

Any firm or corporation whose business is supplying goods and services to the corporate housing industry. **Dues \$850**

### President's Club Member

Associate Members may join at a premium level that entitles them to additional benefits, including free eNews advertising, advanced choice of sponsorship opportunities, advanced choice of exhibit space at conferences, banner advertising on the website, invitation to an annual Board of Directors' meeting, continual promotion of President's Club status in all association literature and conference marketing materials, and special identification at conferences. **Dues: \$1,650**

## Membership Information

Type of Membership Applying for:     Active     Associate     President's Club

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

Company: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Yes, link my web site through CHPA:    My URL: \_\_\_\_\_

Number of business office locations: \_\_\_\_\_

Note: To ensure accurate processing, please attach a list of all office locations with the main contact, mailing address, phone, fax and email. All locations will receive all CHPA mailings, including the newsletter and notice of CHPA events.

Method of Payment:     VISA     MC     AMEX     Check Enclosed    Amount \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Name as it appears on card

\_\_\_\_\_  
Approval Signature

I certify that all statements are true. If accepted as a member, I agree to abide by the rules, regulations and bylaws of CHPA. I further agree to abide by CHPA's Core Values and Code of Ethics and agree to abide by any decision set forth by the Ethics Committee. I will adhere to its Code of Ethics to the best of my ability. Should my membership be discontinued for any reason, I agree to cease use of all CHPA insignias.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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