



760 McGuire Place, Newport News, VA 23601

757-595-1600 • 757-595-8983 Fax

MEMBERSHIP APPLICATION

The following information is required for application for membership in the Peninsula Housing & Builders Association Apartment Council. Note: All companies making application to PAC must be a member company of the Peninsula Housing & Builders Association. Please verify your company's membership before submitting this application by contacting PHBA at 595-1600. **If you are applying as an Associate member, only complete the first eight lines of this page and sign where indicated.**

Name: _____

Title: _____

Company: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Mobile: _____

E-mail: _____

Preferred Notification Method: Mail: _____ Fax: _____ Email: _____

Apartment Communities : PLEASE LIST APARTMENT COMMUNITIES ON NEXT PAGE

I agree to abide by the By-Laws of the Peninsula Apartment Council and the National Association of Home Builders Multifamily Council. A remittance of **\$50 plus \$1.50 per apartment unit** representing my annual **Active Membership** dues or **\$150** representing my annual **Associate Membership** dues accompanies this application. Dues payments to PAC are not deductible as charitable contributions for federal tax purposes. However, Council dues may be deductible as an "ordinary and necessary" business expense.

Signature: _____ Date: _____

Sponsor: _____

Method of Payment: *Check _____ Visa _____ MasterCard _____

Card Number _____ Exp _____

Cardholder Name _____

Cardholder Signature _____

*Please make check payable to PAC

PAC MEMBERSHIP APPLICATION
Apartment Communities

Company Name (From Page 1): _____

Apartment Community: _____ # Units: _____

Apartment Mailing Address: _____

City: _____ State: _____ Zip: _____

Apartment Representative: _____

Phone: _____ Fax: _____ Mobile: _____

E-mail: _____

Preferred Notification Method: Mail: _____ Fax: _____ Email: _____

Apartment Community: _____ # Units: _____

Apartment Mailing Address: _____

City: _____ State: _____ Zip: _____

Apartment Representative: _____

Phone: _____ Fax: _____ Mobile: _____

E-mail: _____

Preferred Notification Method: Mail: _____ Fax: _____ Email: _____

Apartment Community: _____ # Units: _____

Apartment Mailing Address: _____

City: _____ State: _____ Zip: _____

Apartment Representative: _____

Phone: _____ Fax: _____ Mobile: _____

E-mail: _____

Preferred Notification Method: Mail: _____ Fax: _____ Email: _____

(Make additional copies and attach as necessary)