



Annual Membership Registration & Dues Statement

Agency: _____

Website: _____

Address: _____

City: _____ State: _____ Zip: _____ Main Phone: _____

Executive Director: _____ E-mail: _____

Board Chair: _____ E-mail: _____

Attorney: _____ E-mail: _____

Primary Contact:	Name	Title	Phone	E-Mail
Finance:	_____	_____	_____	_____
Housing:	_____	_____	_____	_____
HCV:	_____	_____	_____	_____
CD:	_____	_____	_____	_____
HR:	_____	_____	_____	_____
Res Serv:	_____	_____	_____	_____
Maint:	_____	_____	_____	_____

Programs and number of units or participants:

PH: _____ HCV: _____ Aff Hsng: _____ LIHTC: _____ RAD: _____ FSS: _____

Other _____

number of employees _____

Please note, modified dues schedule is now based upon Annual Consolidated Operating Budget.

Consolidated Operating Budget	Annual Dues
Up to \$7,000,000	\$600
\$7,000,001-\$14,000,000	\$1,000
\$14,000,001-\$25,000,000	\$1,500
\$25,000,001-\$50,000,000	\$2,000
\$50,000,001 and up	\$2,500
Affiliate Membership	\$350
Individual Membership	\$200
Student Membership	\$35

Please make check payable to VAHCDO and return to (or request PayPal Invoice lallen@stauntonrha.org):

VAHCDO, c/o Lance Allen, Treasurer
900 Elizabeth Miller Gardens, Staunton, VA 24401