



MEMBERSHIP

NAME _____

ADDRESS _____

CITY/STATE _____

COMPANY _____

TITLE _____

CELL PHONE _____

EMAIL _____

WHAT IS THE PURPOSE FOR JOINING NOHAA?

☐ EDUCATION ☐ SOCIAL

☐ CONTRACTOR/BUSINESS REFERRAL SUPPORT SERVICES

TYPE OF MEMBERSHIP

☐ SINGLE \$49.00 PER YEAR ☐ MARRIED \$79.00 PER YEAR

☐ BUSINESS \$99.00 PER YEAR

☐ SPONSOR (ANY AMOUNT IS APPRECIATED)

Please send checks payable to NOHAA along with this form to the following address:
1450 Stone Ct. Westlake, Ohio 44145

Northeast Ohio Housing Advisors & Advocates (NOHAA) is a non-profit 501 (c) 3

Website: www.nohaa.org

email: waliddardir@nohaa.org