

Phone: 916.444.0288 Email: info@calalhfa.org 1724 10th Street, Suite 110 Sacramento, CA 95811 EIN: 33-0348343

MEMBERSHIP APPLICATION For One Calendar Year from the Date of Payment

A	FORMATION	
AGENCY:		
ADDRESS:		
CITY, STATE, ZIP CODE:		
CONTACT INFORMATION		
NAME:		
TITLE:		
PHONE:		
EMAIL ADDRESS:		
	DUES STE	RUCTURE
Five or fewer employees		\$300
Six to twenty-five employees		\$400
Over twenty-five employees		\$500
☐ New membership?		☐ Renewal?
Please make check payable to CAL-ALHFA send with completed application to:	and	
CAL-ALHFA 1724 10th Street, Suite 110 Sacramento, CA 95811	OR	Access our website at www.calalhfa.org and pay on-line