



The Montgomery County Partners for Home Ownership is a voluntary coalition of public agencies, non-profit organizations and local housing-related businesses and/or service providers, united with a common goal to provide public education in an effort to increase home ownership in the Montgomery County, PA community.

MONTGOMERY COUNTY PARTNERS FOR HOME OWNERSHIP

Telephone: 610-278-3540

E-mail: info@mcpho.org

2023 MEMBERSHIP Agreement/Application

The undersigned applies for admission as a member of the Montgomery County Partners for Home Ownership ("MCPHO"), and once approved, agrees to abide by the governance of MCPHO, accepting and agreeing to be subject to the rules and regulations thereof as they now exist or as they may hereafter be amended.

The applicant also agrees to pay the annual membership dues as applicable at the signing of this application and yearly thereafter, as long as he/she is a member of MCPHO. Nonpayment of said dues will result in the termination of MCPHO membership and all rights and privileges thereof.

COMPANY NAME: \_\_\_\_\_

COMPANY REPRESENTATIVE(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

MEMBERSHIP CLASS (Please select the structure from those indicated below that best describes your company):

Annual dues apply to one representative per company. Each additional company representative is classified as an "Affiliate Member" and is subject to dues as applicable per class.

- ORGANIZATIONAL MEMBER: 2023 Annual Dues: \$125 (waived for 2023)
COMMUNITY BUSINESS MEMBER: 2023 Annual Dues: \$125 (waived for 2023)
COMMUNITY SERVICE MEMBER: 2023 Annual Dues: \$35 (waived for 2023)
GOVERNMENT AGENCY: 2023 Annual Dues: Exempt

AREAS OF INTEREST (Please select your areas of interest/expertise from below): Active participation is a great way to maximize your membership benefits, and earn additional service credits to reduce fees.

- EDUCATIONAL EVENTS
COMMUNICATIONS AND PUBLIC RELATIONS
MEMBERSHIP DEVELOPMENT AND MAINTENANCE

OTHER ORGANIZATION AFFILIATIONS: \_\_\_\_\_

I hereby certify that all of the statements and facts as set forth above are true and correct. Membership class may be subject to confirmation by the MCPHO Executive Committee.

Date Signature Print/Type Name