



OUR MISSION: *To provide information and education to boards, owners and professionals involved with community associations, to help their organizations run more effectively and efficiently*

ASSOCIATION MEMBERSHIP APPLICATION

Online application also available at www.actha.org

Name (Primary Contact): _____

Association Name: _____

Address: _____

City/State/Zip Code: _____

Phone: _____

Email Address: _____

Additional Member Name/Email (if applicable): _____

Additional Member Name/Email (if applicable): _____

Additional Member Name/Email (if applicable): _____

Additional Member Name/Email (if applicable): _____

Association Type: Condo Townhome HOA Co-op

Is Your Association: Self-Managed Professionally Managed (list company): _____

How did you hear about ACTHA? _____

Please select from the following membership categories below:

*Membership dues cover the period Jan. 1 – Dec. 31.
Dues paid after Sept. 1 includes membership through Dec. 31 of the following year.*

ACTHA Membership	Before Sept. 1	After Sept. 1
Associations with 50 units or less (voting)	\$ 55	\$ 68.75
Associations with 51-200 units (voting)	\$ 82.50	\$ 103
Associations with 201 units or more (voting)	\$ 110	\$ 137.50
Individual (non-voting)	\$ 55	\$ 68.75
	DUES TOTAL	\$ _____

Homeowner Advocacy Fund (optional) \$ _____
Supports ACTHA legislative activity to represent the best interests of community associations

TOTAL \$ _____

Payment is due with application. Make checks payable to "ACTHA" and remit to "ACTHA", Chicago, IL 60611. Credit card payments may be processed by calling our office at 312-987-1906.

Questions? Call our office or email us at actha@actha.org.