

# ACL MEMBERSHIP/SUPPORT FORM

Please mail this form along with your check or money order.  
If you are interested in FULL MEMBERSHIP, mail the form and someone will contact you. Do not send a check.

MAILING ADDRESS:  
ACCLAIMH  
632 Plank Road  
Suite 110  
Clifton Park, NY 12065  
Attention: Membership

Please check the appropriate boxes:

Full Membership: A packet will be sent to you, and someone will contact you. Dues are calculated on the number and type of housing units that are operated.

Supporting Membership: \$200

Affiliate Membership: \$200

Individual Contribution: \$ \_\_\_\_\_

Individual  
Name: \_\_\_\_\_  
\_\_\_\_\_

Company  
Name: \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip  
Code \_\_\_\_\_

Contact  
Person \_\_\_\_\_  
\_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ -  
\_\_\_\_\_

Email  
address \_\_\_\_\_

**THANK YOU OR YOUR SUPPORT AND INTEREST!!**