

West Chester Apartment Housing Association



Check one:

New _____

Renewal _____

Change _____

AT LARGE MEMBERSHIP APPLICATION

A Non-Profit [501 (c)6] Corporation

Mission Statement

OUR GOAL is to maximize the satisfaction of all people associated with the renting of residential apartments. By bringing together responsible apartment investors and landlords in an organization, we envision that we can best address common concerns of the community.

WE BELIEVE that through cooperation and mutual responsibility among public and private organizations and community residents, resources can be organized and mobilized that help strengthen social supports and institutions, develop enlightened leadership, build a strong infrastructure, and promote a clean and safe community.

Phone: 610-696-1140

Fax: 610-696-5024

Email: wcahaman@aol.com

Website: www.wcaha.com

Please make checks payable to WCAHA

620 South Franklin Street, Suite B18, West Chester, PA 19382

One time application fee: \$200.00 Dues: \$50 per year. All dues are per calendar year

Name:	Contact Person:		
Company Name(if applicable)	Daytime Telephone #: Evening Telephone #:		
Address:	Fax #:		
City: State: Zip:	Email address		
Township:	Would you like to receive all correspondences via email? Yes _____ No _____		
Primary Business:	Are you eligible to register/vote in West Chester?		
Rental Property Locations:	Number of Units: _____		
I am concerned about:			
I can volunteer to help by:			
I would like to share this info/idea/suggestion: (use back if needed)			
Ck#:	Ck Dated:	Ck \$ Amt.:	Deposit Date: