



I WANT TO JOIN PHRN!
Connecticut's Public Housing Resident Network
Membership Form

Please Print Clearly

Name: _____ Date _____

Mailing Address: _____

City: _____ State _____ Zip _____

Phone: _____

Email: _____

Please make checks payable to: PHRN, Inc.

Dues

Individual Membership

Organizational Contributors

- | | | |
|--------------------------|-------|---|
| <input type="checkbox"/> | \$5 | Public Housing/Low income housing residents |
| <input type="checkbox"/> | \$25 | All other individuals |
| <input type="checkbox"/> | \$___ | Other Amount |

- | | | |
|--------------------------|-------|--|
| <input type="checkbox"/> | \$25 | Public Housing Resident Association/ Organization w/ budget under \$50,000 |
| <input type="checkbox"/> | \$100 | Public Housing Authority/ Organization w/ budget over \$50,000 |
| <input type="checkbox"/> | \$___ | Other Amount |