

HomeSmartNY Membership Form



HomeSmartNY

Make payment to:
NY State Coalition for Excellence
in Home Ownership Education

Mail registration form and payment to:
RUPCO
Attn: HomeSmartNY
301 Fair St.
Kingston, NY 12401-9998

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_____ **MEMBER** For HUD Certified Housing Counseling Agencies or 501C-3 agencies providing Housing Counseling who endorse the National Industry Standards for Homeownership Education and Counseling.

Name _____
Contact Person _____
Address _____
Telephone _____ *Annual Membership Dues: \$50*
Email Address _____
Web URL _____

_____ **AFFILIATE** For professional organizations that benefit CXHE's work.

Name _____
Contact Person _____
Address _____
Telephone _____ *Annual Membership Dues: \$50*
Email Address _____
Web URL _____

_____ **INDIVIDUAL** For individual supporters of CXHE

Name _____
Title _____
Organization _____
Address _____
Telephone _____ *Annual Membership Dues: \$25*
Email Address _____

I am interested in participating in the following committee(s):

- | | | |
|---------------------------------|----------------------------|--|
| <i>Advocacy</i> | <i>Conference Planning</i> | <i>Governance</i> |
| <i>Marketing & Branding</i> | <i>Membership Services</i> | <i>Sustainability & Business Model</i> |