

Multifamily Housing Council of Oregon

Serving the Residential Rental Housing Industry – The Landlord’s Lifeline

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SERVING THE RENTAL HOUSING SECTOR OF THE HOUSING INDUSTRY

_____ **New** _____ **Renew**

Membership

Date: _____

Company/Firm Name: _____

Contact Person: _____

Complex or Facility Name: _____

Mailing Address: _____

City, State, Zip _____

Telephone: _____ Fax: _____ E-mail _____

Membership Category

Property Manager Owner Management Firm

Dues: Number of Units/Spaces Owned or Managed _____ x \$1.75 = _____
+ \$175.00 = Total of _____

Membership dues are based on the number of units plus the base fee for a 12- month period.

Associate Member Dues \$250.00.

Vendor/Supplier (not including management firms) – Please name trade or service & area of service.

If you are a vendor member with rental units, membership in both categories is appreciated.

Method of Payment

Check #: _____; Visa M/C:

Name on card: _____

Credit Card #: _____

Expiration Date: _____

- **Staying on top of issues so you can conduct your business**
- **Helping landlords and tenants reached agreeable solutions**
- **Quality, consistent, aggressive representation in the legislature**
- **Personal consulting for individual solutions**
- **Property Management Forms**

“Strength in numbers, impact through unity”