



I WANT TO JOIN PHRN!
 Connecticut's Publicly-Assisted Housing Resident Network
Membership Form

Please Print Clearly

Name: _____ Date _____

Mailing Address: _____

City: _____ State _____ Zip _____

Phone: _____

Email: _____

Individual Membership

Dues

Organizational Contributors

- \$5 | Publicly-Assisted Housing/Low income housing residents
- \$25 | All other individuals
- \$___ | Other Amount

- \$25 | Publicly-Assisted Housing Resident Association/ Organization w/ budget under \$50, 000
- \$100 | Public Housing Authority/ Organization w/ budget over \$50, 000
- \$___ | Other Amount