

MEMBERSHIP APPLICATION



Please fill out entirely and return with payment to:
CAN I LIVE, INC.
7474 CREEDMOOR ROAD, #160
RALEIGH, NC 27613
or fax to Membership Department at 877-810-1347

Resident Council Association Name _____

Public Housing Authority Name _____

Address _____ City _____ State _____

Zip Code _____ Phone _____ Fax _____

Email _____

Membership

Each Resident Council Association pays an annual fee of \$150.00

Individual Resident Council Association \$ 150.00

Complete Below if Registering More than one (1) Resident Council Association:

Fee per Resident Council – \$150.00 Total # of Resident Councils _____ x \$150.00 = _____

Total Annual Membership Included \$ _____

Payment Information

A check with the following amount is enclosed \$ _____

Credit Card Type: Visa MasterCard American Express

Account Number _____ Exp. Date _____ CVV2 _____

Signature _____

Thank You for the Opportunity to Serve!