

**NEVADA/CALIFORNIA INDIAN HOUSING ASSOCIATION**

**MEMBERSHIP FORM**

Tribe, TDHE, IHA: \_\_\_\_\_

Business Address: \_\_\_\_\_

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Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name of Tribal Chairman: \_\_\_\_\_

Name of Board Chairman: \_\_\_\_\_

Name of Housing Director: \_\_\_\_\_

We hereby approve the Joint Powers Agreement that creates Nevada California Indian Housing Association and appoint the following representative to serve until our representative is changed by written notice.

Name of Designated Representative to NV/CA IHA: \_\_\_\_\_

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