

APPLICATION FOR NAHP® EMERITUS STATUS

Nominating Party's Information:

Name: _____

Company Name: _____

Present Title / Position: _____

Number of years in business: _____

Business Address: _____

City/State/Zip: _____

Business Telephone: _____ Fax: _____

E-mail address: _____

Please indicate your representation (check one): NAHP NAHP-e AHMA Staff

I would like to nominate:

Name: _____

Former Company: _____

Current Address: _____

City/State/Zip: _____

Telephone: _____ Email Address: _____

Date of Birth: _____ Date of Retirement: _____

If retirement was not based on age, please explain:

I, the aforementioned nominator, attest that all information contained in this Application is true and accurate to the best of my knowledge, and that I have read and understand all of the Criteria for Acceptance as indicated by the National Affordable Housing Management Association.

Signature of Nominator

DISPOSITION OF APPLICATION		Disapproval of this application is for the following reasons:	
The NAHMA Certification Review Board has reviewed and considered this Application for Certification and all supporting documentation. This Application for Certification as a National Affordable Housing Professional / Emeritus Status is (circle one):		_____	

APPROVED	DISAPPROVED	Authorized Committee Representative	Date