



CHP Membership Application Form

Please complete form and mail with dues payment to the Coastal Housing Partnership:

Company: _____

Address: _____

Number of Employees: _____

Human Resources Contact: _____

Phone: _____

Fax: _____

Email Address: _____

Authorized Signer: _____ Date: _____

COASTAL HOUSING PARTNERSHIP
P.O. Box 50807, Santa Barbara, CA 93150
Phone (805) 969-1025, Fax (805) 882-1496, E-Mail julia@coastalhousing.org