



National Association of Housing Cooperatives

Share Listing Contract

Name of Member: _____

Name of Cooperative: _____

Contact Name: _____

Address: _____

City

State

Zip

Available Cooperative Unit: _____ Telephone #: (_____) _____

I, _____, am entering my listing to be placed on the NAHC website on ____/____/____. (Date of Contract)

I agree to list my share for a period not to exceed ninety (90) days for a total price of \$60.00.

I am submitting # _____ photographs and a description of _____ words (not to exceed a total of 150 words).

I would like my listing placed in the listing section for listings from the City of _____ and the State of _____.

The listing expires ninety (90) days from the date of listing contract date.

I agree that if I want to relist my listing, I will purchase an additional listing contract.

Member Signature _____

NAHC _____

Date _____

Date _____

PAYMENT INFORMATION

Pay by check number: # _____ Check payable to: NAHC

Pay by credit card, fax to: (202) 216-9646

VISA MasterCard AmericanExpress Total Charge: \$ _____

Name on card: _____

Card #: □□□□□□□□ □□□□□□□□ Exp Date: □□/□□ CVC Code: □□□□

Card Holder Authorized Signature: _____

Card Billing Address: _____

City

State

Zip

Scan and send completed form with payment to NAHC at info@nahc.coop