



**National Association of Housing Cooperatives  
Publication Order Form**

First Name	Last Name	Cooperative Name/Company Name
Address		
City	State ( )	Zip
Email for shipping confirmation		Phone

Item Type	Title	Member Price	Non-Member	Quantity	Subtotal
Manual:	Cooperative Housing Governance, 119 pages	\$10.00	\$20.00		
Manual:	Physical Management of Housing Cooperatives, 73 pages	\$10.00	\$20.00		
Manual:	Operating Housing Cooperatives, 106 pages	\$10.00	\$20.00		
Manual:	Financial Issues of Concern to Housing Cooperatives, 58 pages	\$10.00	\$20.00		
Manual:	Tax Issues of Concern to Housing Cooperatives, 51 pages	\$10.00	\$20.00		
Manual:	Developing Housing Cooperatives, 87 pages	\$10.00	\$20.00		
Manual:	Mortgage Payoff & Refinancing, 44 pages	\$10.00	\$15.00		
<hr/>					
Skills Booklet:	Be a Volunteer, 15 pages	\$2.00	\$2.25		
Skills Booklet:	How to Develop Your Decision Making Skills, 15 pages	\$2.00	\$2.25		
Skills Booklet:	How to Develop Your Leadership Skills, 15 pages	\$2.00	\$2.25		
Skills Booklet:	How to Have Successful Meetings, 15 pages	\$2.00	\$2.25		
Skills Booklet:	Parliamentary Procedure—A Matter of Order, 15 pages	\$2.00	\$2.25		
Skills Booklet:	Successful Conflict Resolution—A Skill for Working Together, 15 pages	\$2.00	\$2.25		
<hr/>					
				Subtotal:	
				*Shipping & Handling:	
				Sales Tax 5.75% (DC Residents Only):	
				<b>Payment Total Enclosed:</b>	<b>\$</b>
<b>*Shipping and handling is \$10.00 for orders under \$20.00 and \$15.00 for orders over \$20.00</b>					

Please enclose payment with order form to: National Association of Housing Cooperatives or fax orders to: 202-216-9646

- All orders must be prepaid.
- Only checks, credit card and money order payments in U.S. Dollars are accepted.
- Please allow 1-2 weeks for delivery. For expedited delivery, please provide your carrier's shipping information. Your FedEx or UPS shipping account number:

Check made payable to "NAHC"

Credit Card:

Credit Card Number	Exp. Date	Security Code
□□□□ □□□□ □□□□ □□□□	□□/□□	□□□□

<b>Print Name on Card:</b>	<b>Authorized Card Signature:</b>		
<b>Card Billing Address:</b> <input type="checkbox"/> Same as above	<b>City</b>	<b>State</b>	<b>Zip</b>

**Scan, mail or fax completed form to:**