



# Membership Application 2017

Management Co/Independent Owner Name \_\_\_\_\_

Names and emails of Owner, Partners or Officers of Corporation \_\_\_\_\_

Main Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Company email \_\_\_\_\_ Website \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Branch Office (if any) \_\_\_\_\_

Main representative in your firm whom communications should be addressed. Include address & email if different from above:

Name \_\_\_\_\_ Address \_\_\_\_\_

Email \_\_\_\_\_

How long have you been engaged in business in the state of Indiana? \_\_\_\_\_ Years

Was the firm ever a member of the Apartment Association under the present name or any other name? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give name(s) of the type of membership and name(s) under which formerly enrolled \_\_\_\_\_

Total number of units owned or managed in Indiana \_\_\_\_\_ Total number of communities owned or managed in Indiana \_\_\_\_\_

**Please list all communities below. If necessary, attach additional sheets.**


<b>1)</b>	<b>Community Name</b>	<b>Mailing Address</b>	<b>City</b>	<b>Zip</b>	<b>County</b>
	<b>Phone</b>	<b>Fax</b>	<b>Manager</b>	<b>Email address</b>	<b># of units</b>
					<b>Section 42/Section 8?</b>
					<b>* Incorporated Y N</b>
<b>2)</b>	<b>Community Name</b>	<b>Mailing Address</b>	<b>City</b>	<b>Zip</b>	<b>County</b>
	<b>Phone</b>	<b>Fax</b>	<b>Manager</b>	<b>Email address</b>	<b># of units</b>
					<b>Section 42/Section 8?</b>
					<b>* Incorporated Y N</b>
<b>3)</b>	<b>Community Name</b>	<b>Mailing Address</b>	<b>City</b>	<b>Zip</b>	<b>County</b>
	<b>Phone</b>	<b>Fax</b>	<b>Manager</b>	<b>Email address</b>	<b># of units</b>
					<b>Section 42/Section 8?</b>
					<b>* Incorporated Y N</b>
<b>4)</b>	<b>Community Name</b>	<b>Mailing Address</b>	<b>City</b>	<b>Zip</b>	<b>County</b>
	<b>Phone</b>	<b>Fax</b>	<b>Manager</b>	<b>Email address</b>	<b># of units</b>
					<b>Section 42/Section 8?</b>
					<b>* Incorporated Y N</b>

Management Company/Independent Owner Name: \_\_\_\_\_

Total Units x	Per Unit +	Base Fee = 2016 Dues Owed
0 - 9	\$.85	\$220
10 - 49	\$.85	\$302
50 - 349	\$3.53	\$200
350 & over	\$2.70	\$250

Dues payment must accompany application. Membership dues are based on the above schedule. If you are already an IAA Member and would like to join the **Apartment Association of Southern Indiana**, please contact IAA at (317) 816-8900 for local dues. Membership dues are prorated after March 1 to ensure your membership remains active on a calendar year. Please include your check with this application form and mail to:

**Indiana Apartment Association**  
**9100 Keystone Crossing, Suite 725**  
**Indianapolis, IN 46240**  
**Fax: 317-816-8911**

Or, pay by Credit Card:	Total Dues \$ _____
 Card # _____	
Name on Card _____	Expiration Date _____
Cardholder's Address _____	Security Code _____
City _____	State _____ Zip _____

This firm certifies that the foregoing statements are true & accurate and agrees if elected to membership that in accepting the privileges it will also accept the obligations of membership; that it will be governed by the by-laws of the Apartment Association of Southern Indiana and the Indiana Apartment Association as long as it continues as a member and further agrees to promote the objectives of the association. We consent to receive any and all e-mail and fax communications from IAA or persons acting on their behalf.

**Important Tax Information: Under the provisions included in section 1070(a) of the Revenue Act passed by Congress in December, 1987: 1. Contributions to the Apartment Association of Southern Indiana are not deductible as charitable contributions for federal income tax purposes. 2. In compliance with Omnibus Budget Reconciliation Act of 1993, 28.61% of membership dues are not deductible as a business expense. 3. For specific guide-lines concerning your particular situation, it is recommended that you consult a tax professional.**

In the event of termination of membership in the *Apartment Association of Southern Indiana*, this firm agrees to discontinue the use of the insignia in any form. The applicant whose signature appears below hereby authorizes the *Apartment Association of Southern Indiana* to investigate the history of the past seven years for the purpose of determining approval or disapproval of this membership application.

Date \_\_\_\_\_ Mgmt. Co/Independent Owner Name \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

Recommended for membership by Member \_\_\_\_\_

NOTE: As a member of this association, you become a member of the National Apartment Association. \$30.00 of each member's annual membership dues goes toward a one-year subscription of NAA's Units magazine and is non-deductible from association dues payment. As a member of this association, you are entitled to all membership benefits and services of the National Apartment Association and Indiana Apartment Association at member rates.