



AASI
 APARTMENT ASSOCIATION OF SOUTHERN INDIANA

Associate Membership Application

Payment must accompany application.

(First-year dues are \$320. Second- year dues will be pro-rated so membership renewal will be by calendar year.)

Firm Name _____ Phone _____ Fax _____

Main Address _____ City _____ State _____ Zip _____

Branch Address (if any) _____

Names of Owner, Partners or Officers of Corporation _____

Website _____ E-mail _____

Name of persons in your firm to whom communications should be addressed (and addresses if different from above) _____

What products or services do you provide to the apartment industry?

What audience are you targeting with your product or service?

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:

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, Inc. as long as it continues as a member and further agrees to promote the objectives of the association.

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 AASI are not deductible as charitable contributions for federal income tax purposes. 2) In compliance with Omnibus Budget Reconciliation Act of 1993, 29.5% of membership dues are not deductible as a business expense. 3) For specific guidelines 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, Inc., 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, Inc. to investigate the history of the past seven years for the purpose of determining approval or disapproval of this membership application.

Date _____ Firm _____

Name _____ Signature _____

Title _____ Mailing Address _____

Recommended for membership by AASI
 Member _____ Company _____