



APPLICATION FOR ASSOCIATE MEMBERSHIP

(Service or Supply Company to the Rental Housing Industry)

Dues must accompany application.
(First year dues \$505. Second year dues will be pro-rated so membership renewal will be by calendar year)

Firm Name _____ Phone _____ FAX _____

Main Office _____ City _____ State _____ Zip _____

Branch Office (if any) _____ E-mail _____

Names of Owner, Partners or Officers of Corporation _____

_____ Website Address _____

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

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

What audience are your 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 Indiana Apartment Association, Inc. 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 IAA are not deductible as charitable contributions for federal income tax purposes. 2) In compliance with Omnibus Budget Reconciliation Act of 1993, 31.93% 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 Indiana Apartment Association, Inc., this firm agrees to discontinue the use of the insignia in any form. The applicant whose signature appears below hereby authorizes the Indiana Apartment Association, 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 IAA Member _____ Company _____

_____ VISA _____ MasterCard Number: _____ Name on Card: _____ Exp.Date: _____

Cardholder's Billing Zip Code: _____