




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

| TOTAL UNITS x | PER UNIT= | DUES OWED |
|---------------|-----------|-----------|
| 0 - 24        |           | \$250     |
| 25 - 99       |           | \$450     |
| 100 - 149     | \$5.50    |           |
| 150 - 499     | \$3.80    |           |
| 500 - 749     | \$3.30    |           |
| 750 - 1,999   | \$2.50    |           |
| 2,000 - 9,999 | \$2.15    |           |
| 10,000 +      | \$1.90    |           |

Membership dues are based on the above schedule. Membership dues are prorated after March 1 to ensure your membership is on a calendar year basis. 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:

 Card # \_\_\_\_\_

Name on Card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholders 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 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 IAA are not deductible as charitable contributions for federal income tax purposes. 2. In compliance with Omnibus Budget Reconciliation Act of 1993, 38.52% 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 Indiana Apartment Association, 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 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. \$18.00 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.**