



# 2021 AAFW Membership Application

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

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

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

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

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

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

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

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

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 Fort Wayne – NE Indiana, Inc. 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 and Apartment Association of Fort Wayne – NE Indiana, Inc or persons acting on their behalf.

In the event of termination of membership in the Apartment Association of Fort Wayne – NE 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 Fort Wayne – NE Indiana, Inc. to investigate the company history for the purpose of determining approval or disapproval of this membership application.

**Important Tax Information: Contributions to IAA are not deductible as charitable contributions for federal income tax purposes. In compliance with Omnibus Budget Reconciliation Act of 1993, 17.13% of membership dues are not deductible as a business expense. For specific guidelines concerning your particular situation, it is recommended that you consult a tax professional.**

- 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**

(1) Community Name: \_\_\_\_\_ # of Units: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_  
 Manager: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Section 42 \_\_\_\_\_ Section 8 \_\_\_\_\_ Incorporated? \_\_\_\_\_

(2) Community Name: \_\_\_\_\_ # of Units: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_  
 Manager: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Section 42 \_\_\_\_\_ Section 8 \_\_\_\_\_ Incorporated? \_\_\_\_\_

**Communities Continued...**

(3) Community Name: \_\_\_\_\_ # of Units: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_  
 Manager: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Section 42 \_\_\_\_\_ Section 8 \_\_\_\_\_ Incorporated? \_\_\_\_\_

(4) Community Name: \_\_\_\_\_ # of Units: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_  
 Manager: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Section 42 \_\_\_\_\_ Section 8 \_\_\_\_\_ Incorporated? \_\_\_\_\_

AAFW Dues		
Total Units x	Flat Fee	Per Unit
1 - 49	\$75.00	
50-99	\$200.00	
100 - 149		\$3.40
150 - 199		\$2.50
200 - 249		\$2.05
250 - 349		\$1.90
350 - 449		\$1.75
450 - 999		\$1.60
1,000 +		\$1.40

State & National Chapter Dues	
Per Property Fee	Per Unit
\$100.00	\$1.72

One and Two family dwellings with 4 units or less per building	
Number of Properties	Fee
0-49	\$175.00 + AAFW Local Dues
50-99	\$280.00 + AAFW Local Dues




\*If you are already a member of the Indiana Apartment Association, and would like to join the Apartment Association of Fort Wayne (AAFW), please call the AAFW office at (260) 482-2916, or IAA at (317) 816-8900 for additional information.\*

*To submit this application please mail to the address below. Payment can be made via check or with a credit card once you receive an email from IAA that your application has been approved.*

**Indiana Apartment Association**

**9200 Keystone Crossing, Suite 100**

**Indianapolis, IN 46240**

Or, pay by Credit Card:	  	Total Dues \$ _____
Card # _____		
Name on Card _____	Expiration Date ____/____	Security Code _____
Cardholders Address _____		

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

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

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