



# 2018 Membership Application

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 \_\_\_\_\_

**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</b> _____	<b>Section 8</b> _____
						<b>Incorporated</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</b> _____	<b>Section 8</b> _____
						<b>Incorporated</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</b> _____	<b>Section 8</b> _____
						<b>Incorporated</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</b> _____	<b>Section 8</b> _____
						<b>Incorporated</b> _____	

Total Units x	Per Property	Per Unit	Flat Fee
0 - 9	\$100	\$1.65	\$50
10 - 24	\$100	\$1.65	\$75
25 - 49	\$100	\$1.65	\$125
50 - 149	\$100	\$4.65	
150 - 199	\$100	\$3.75	
200 - 249	\$100	\$3.30	
250 - 349	\$100	\$3.15	
350 - 449	\$100	\$3.00	
450 - 999	\$100	\$2.85	
1,000 +	\$100	\$2.65	

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

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 Fort Wayne**, please contact your local affiliate or 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**

Or, pay by Credit Card and fax to 317-816-8911:



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 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 or persons acting on their behalf.

**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, 31.34% of membership dues are not deductible as a business expense. 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 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 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.