

## 2024 ASSOCIATE MEMBER APPLICATION

Com	pany Name			
Phon	e	Cell		Fax
E-ma	nil		Website	
Perso	on to whom communic	ations should be addresse	d:	
Addr	ress		e-mail	
City_			State_	Zip
Туре	of business and produ	ct(s)/service(s) offered by	your company:	
—— How	long have you been er	gaged in business in the	state of Indiana?	years
Is yo	ur company a member	of the [ ] Better Business	Bureau? [ ] Chambe	er of Commerce?
that i	n accepting the privile y-laws of the Apartme	ges it will also accept the	obligations of member	agrees if accepted into membership ership; that it will be governed by ong as it is a member and further
for fee	ontributions to the Apartm deral income tax purposes ntage of membership dues ntage). 3.) For specific g	s included in section 1070(a) of ent Association of Fort Wayr.  2.) In compliance with the are not deductible as busines uidelines concerning your particular and the second section of the second section of the second sec	ne - NE Indiana are not d Omnibus Budget Recond ss expense (please call the rticular situation, please	d by Congress in December, 1987: deductible as charitable contributions ciliation Act of 1993, a certain e AAFW-NEI office to get the specific consult a tax professional. 4) In the e the use of the logo in any form.
Appl	icant Signature		Date I	Referred by:
	Enclosedis\$450 foron	ne(1)yearofmembership		
	☐ To pay by Cree	lit Card please call the AA	AFW-NEI Office for p	payment instructions. (Processing fee applies
	Credit Card Ac	cepted: Mastercard, Visa,	Discover	
Ema	il:			
Auth	orized By:			Date:

**Remit to:** The Apartment Association of Fort Wayne - NE Indiana, 5530A Saint Joe Rd, Fort Wayne, IN 46835; Phone: (260) 482-2916; Fax: (260) 482-5187