

Associate Membership Application

NAME OF COMPANY: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

FAX: _____

NATURE OF BUSINESS: _____

COMPANY PRIMARY REPRESENTATIVE: _____

E-MAIL ADDRESS _____

COMPANY ALTERNATE REPRESENTATIVE: _____

E-MAIL ADDRESS: _____

HOW DID YOU ABOUT US? _____

2010 ASSOCIATE MEMBER DUES

Associate Member Dues.....\$375.00/year

Processing Fee For New Members.....\$25.00

Dues + Processing Fee = Total Amount Due \$400.00

Please make checks payable to "AACP" and mail payment and completed application to
Apt Assoc of Central PA, 29 S Union Street, Middletown, Pa 17057

Phone #: 717-730-0409

Fax #: 717-930-0709

If Paying by Credit Card

Credit Card Number: _____ Expiration Date: _____

Name as it Appears on Card: _____

If you require assistance in determining the correct amount to remit, please call (717) 730-0409 for assistance. Your membership in the Apartment Association of Central PA includes membership in the National Apartment Association, and the Pennsylvania Apartment Association. You will also receive a free subscription to *UNITS* magazine.

In making this application. I/we agree to abide by the Apartment Association of Central Pennsylvania Bylaws and all amendments thereof. In the event of termination of membership in this association, I/we agree to immediately discontinue use of its logo, forms, and member services.

Also, I understand that by providing the fax number(s) and email address(es) above, I hereby consent to receive faxes and email notices sent by or on behalf of Apartment Association of Central Pennsylvania.

PRINT NAME

DATE

SIGNATURE

TITLE
