

Owner/Management Membership Application

NAME OF COMPANY: _____

NAME OF OWNER OR PRESIDENT (SPECIFY TITLE): _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

FAX: _____

NATURE OF BUSINESS: _____

COMPANY REPRESENTATIVE: _____

EMAIL ADDRESS: _____

HOW DID YOU HEAR ABOUT US? _____

On the next page please list ALL apartment communities operated in the Central PA region managed by the company listed above.

2010 Membership Dues

1-100 Units	\$300	701-800 Units	\$1175
101-200 Units	\$520	801-900 Units	\$1340
201-300 Units	\$605	901-1099 Units	\$1405
301-400 Units	\$710	1100-1300 Units	\$1518
401-500 Units	\$855	1301-1800	\$1625
501-600 Units	\$920	1801 and above	\$1737
601-700 Units	\$1075		

Dues \$ _____ + Processing Fee **\$25.00** = Total Amount Due \$ _____

Please make check **PAYABLE** to **AACP** and **MAIL** to

AACP, 29 S Union St., Middletown, PA 17057

Phone: 717-730-0409 Fax: 717-930-0709

Paying by Credit Card:

Credit Card Number: _____ Exp. 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