

Associate Membership Application

Firm Name _____ Incorporated? _____ Phone _____ Fax _____

Main Office Address _____ City _____ State _____ Zip _____ County _____

Firm email _____ Website _____

Branch Office (if any) _____ Email _____

Names/emails of Owner, Partners or Officers of Corporation: _____

Name of person in your firm to whom communications should be addressed and contact information if different from above
 _____ Email _____ Cell _____

What products or services do you provide to the apartment industry? _____

What audience are you targeting with your product or service? _____

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:

Membership Level (choose one): Signature (\$7,500) Executive (\$5,000) Partner (\$2,000) Associate (\$530)

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 Indiana Apartment Association, Inc. 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 email and fax communications from IAA or persons acting on their behalf.

Important Tax Information: Contributions to the 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 guidelines concerning your particular situation, it is recommended that you consult a tax professional.

In the event of termination of membership in the Indiana Apartment Association, Inc., this firm agrees to discontinue the use of the insignia in any form. The applicant whose signature appears below hereby authorizes the Indiana Apartment Association, Inc. to investigate the history of the past seven years for the purpose of determining approval or disapproval of this membership application.

Date _____ Firm Name _____ Signature _____

Title _____ Mailing Address _____

Recommended for membership by IAA Member _____ Company _____

FAX APPLICATION TO IAA AT (317) 816-8911

Mail payment to IAA, 9100 Keystone Crossing, Suite 725, Indianapolis, IN 46240 –OR– pay by credit card:

Total Dues \$ _____

Associate New Member Process Fee: \$25



Card # _____

Name on Card _____ Expiration Date _____

Cardholder's Address _____ Security Code _____

City _____ State _____ Zip _____