



Direct Membership Application

Management Co/Independent Owner Name _____ Incorporated _____

Names and emails of Owner, Partners or Officers of Corporation _____

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

Company email _____

Website _____ Phone _____ Fax _____

Branch Office address (if any) _____

Main representative in your firm whom communications should be addressed. Include address & email if different from above:

Name _____ Email _____

Address _____

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 _____

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 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.

As a member of IAA, you become a member of the National Apartment Association. \$.47 per unit of each member's annual membership dues goes to the National Apartment Association. As a member of this association, you are entitled to all membership benefits and services of the National Apartment Association.

In the event of termination of membership in the Indiana Apartment Association, 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 investigate the company history for the purpose of determining approval or disapproval of this membership application.

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, 34.59% 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.

Total number of units owned or managed in Indiana _____

Total number of communities owned or managed in Indiana _____

Please List all communities below. If necessary, attach additional sheets

(1) Community Name: _____ # of Units: _____

Mailing Address: _____ County: _____

Manager: _____ Email Address: _____

Phone: _____ Fax: _____ Section 42 _____ Section 8 _____ Incorporated? _____

(2) Community Name: _____ # of Units: _____

Mailing Address: _____ County: _____

Manager: _____ Email Address: _____

Phone: _____ Fax: _____ Section 42 _____ Section 8 _____ Incorporated? _____

Communities Continued...

(3) Community Name: _____ # of Units: _____
 Mailing Address: _____ County: _____
 Manager: _____ Email Address: _____
 Phone: _____ Fax: _____ Section 42 _____ Section 8 _____ Incorporated? _____

(4) Community Name: _____ # of Units: _____
 Mailing Address: _____ County: _____
 Manager: _____ Email Address: _____
 Phone: _____ Fax: _____ Section 42 _____ Section 8 _____ Incorporated? _____

(5) Community Name: _____ # of Units: _____
 Mailing Address: _____ County: _____
 Manager: _____ Email Address: _____
 Phone: _____ Fax: _____ Section 42 _____ Section 8 _____ Incorporated? _____

Units Per Property	Per Property Fee	Per Unit Cost
0-49	\$50.00	\$2.40
50-99	\$100.00	\$2.40
100-399	\$150.00	\$2.40
OVER 400	\$200.00	\$2.40




One and two family dwellings with 4 units or less per building	
Number of Properties	Fee
0-49	\$300.00
50-99	\$540.00

Membership dues are based on the above schedule. Membership dues are prorated after April 1 to ensure your membership remains active throughout the 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:   	Total Dues \$ _____
Card # _____	
Name on Card _____ Expiration Date ____/____ Security Code _____	
Cardholders Address _____	

Mgmt. Co/Independent Owner Name _____ Date _____

Printed Name _____ Title _____

Signature _____

Recommended for membership by Member _____