

MEMBERSHIP APPLICATION
THE APARTMENT ASSOCIATION OF GREATER NEW ORLEANS, INC.

The Apartment Association of Greater New Orleans, Inc. (Hereafter referred to AAGNO), is pleased to invite you to make application for membership in the association. Please complete this application in full. Type or print using black ink. Submission of this application does not imply acceptance into the association. Approval is made only by the association's Board of Directors. AAGNO is a non-profit organization.

OWNER MEMBERSHIP: *(If you are a Property Owner- Complete this Section.)*

Owner's Name _____
Owner's Agent's Name _____
Company Name _____
Address _____
City/State/Zip _____
Phone Number _____ Fax _____
E-mail address _____

Total Number of Units Owned and/or Managed _____

Company Name _____
Representative's Name _____
Address (Central Office) _____
City/State/Zip _____
Phone Number _____ Fax _____
E-mail Address: _____

Total Number of Units Owned and/or Managed _____

Structure of
Annual Dues: UNITS DUES
 \$1.85 per unit \$300.00- Base Dues
Base Dues + Units (\$) Due= Total Amount Due

AAGNO By-Laws:

Article III, Section 2:

The dues of any owner or operator members shall be based on the total number of units the member is affiliated with in any ownership or management capacity.

Article III, Section 3:

A check for annual dues must accompany application.

PROPERTY INFORMATION: *(All Owner/Management Company Applicants- Complete this Section)*

(Please list each apartment community/property that you want included in your membership. Attach a separate sheet if necessary.)

Property Name _____ Number of Units _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
Manager's Name _____ E-mail address: _____

Property Name _____ Number of Units _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
Manager's Name _____ E-mail address: _____

Property Name _____ Number of Units _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
Manager's Name _____ E-mail address: _____

Property Name _____ Number of Units _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
Manager's Name _____ E-mail address: _____

Property Name _____ Number of Units _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
Manager's Name _____ E-mail address: _____

Property Name _____ Number of Units _____
Address _____
City/State/Zip _____
Phone _____ Fax _____
Manager's Name _____ E-mail address: _____