

ASSOCIATE MEMBERSHIP: (If your Company provides Products or Services- Complete this Page.)

Company Name: _____ Owners Name _____

Representative's Name (s) _____

Address _____

City/State/Zip _____

Phone _____

Number _____ Fax _____

Personal _____

Reference _____

Name Company Name Phone Number

Nature of _____

Business _____

E-Mail Addresses: _____

ADDITIONAL LOCATION (s) (Attach additional sheet, if necessary, for more locations.)

Representative's Name (s) _____

Address _____

City/State/Zip _____

Phone Number _____ Fax _____

Structure of

Annual Dues: Utility Companies \$325.00

Media \$325.00

Associates \$325.00

AAGNO By-Laws:

Article III, Section 3: A check for annual dues must accompany application. Dues will be prorated in the second year of membership in AAGNO.

ALL APPLICANTS MUST COMPLETE THE FOLLOWING SECTION

As a member of AAGNO, you become a member of the National Apartment Association. \$15.00 of each member's annual membership dues go toward a one-year subscription to NAA's UNITS magazine and is nondeductible from association dues payment. As a member of AAGNO, you are entitled to all membership benefits of NAA at member rates.

MEMBER PROFILE (please check appropriate choices)

Total Number of Employees _____

____ Owner/President/Principal

____ Vice President/Management Executive

____ Asset Manager

____ Property Manager

____ Maintenance Supervisor

____ Leasing Agent

____ Other _____

JOB TITLE

____ Owner/President/Principal

____ Vice President/Management Executive

____ Asset Manager

____ Property Manager

____ Maintenance Supervisor

____ Leasing Agent

____ Other _____