# APPLICATION FOR OWNER / MANAGER MEMBERSHIP

ATLANTA APARTMENT ASSOCIATION

PLEASE PRINT OR TYPE ALL INFORMATION
*Required

*All Atlanta Apartment Association records will be based on the information supplied. Incomplete applications will be returned.*

*COMPANY NAME: _____

*PRIMARY CONTACT NAME: _____ TITLE: _____

*MAILING ADDRESS:* _____

*CITY:* _____ *COUNTY:* _____ *STATE:* _____ *ZIP:* _____

BILLING ADDRESS: _____

*CITY:* _____ *COUNTY:* _____ *STATE:* _____ *ZIP:* _____

*TELEPHONE NUMBER: _____ WEBSITE ADDRESS: _____

*FAX NUMBER: _____ *E-MAIL ADDRESS: _____

CELL NUMBER: _____ *BILLING E-MAIL ADDRESS: _____

Were you referred by someone to join the association? If so, please enter their name and company information below:

_____
(name/company name)

**PLEASE ACKNOWLEDGE YOUR UNDERSTANDING OF THE FOLLOWING INFORMATION BY SIGNING BELOW.**

This application is made in accordance with and subject to the bylaws and articles of incorporation of the Atlanta Apartment Association, Inc. The Atlanta Apartment Association may use all of the information provided to contact me about AAA services, products and events. I hereby apply for membership and enclose payment for the first year's dues. (Invoices for the prorated portion of the second year's dues will be sent in October of each membership year.) Make checks payable to the ATLANTA APARTMENT ASSOCIATION. Dues payments to the Association may be deductible as a business expense, but are not deductible as a charitable contribution. A portion of the dues, however, is not deductible as a business expense to the extent that AAA engages in lobbying. The nondeductible portion of dues is an estimated 26%. Dues payments are non-refundable.

**Membership applications are processed within 24 to 48 hours of receipt during regular business hours.** Upon approval by the Board of Directors, new members will be notified and sent a digital New Member Packet.

In the event of termination of membership for any reason, I agree to discontinue use of the Association's insignia, products and signs in any form.

I hereby certify that the information on this application is correct as of this date and may be used by AAA, GAA & NAA to contact me.

SIGNATURE: _____ DATE: _____
(Unsigned applications will not be processed.)

Each new member is required to submit the first year's annual dues with the application to be approved. (Annual fee calculations are listed on the reverse.) If a member joins after January, the second year's dues will be prorated accordingly. Invoices for the prorated portion of the second year's dues will be sent in October of each membership year.

Upon the approval of the application, the primary contact listed will receive a Welcome Email and Membership Certificate. All further correspondence, event notices and publications will be directed to their attention unless the AAA Member Services Department is notified to send additional correspondence to another company representative.

To promote camaraderie and business among its supporters, AAA encourages its current members to display their membership certificates and to include the AAA logo on company literature and advertising.

**PLEASE COMPLETE SECOND PAGE OF APPLICATION AND RETURN TO THE ASSOCIATION WITH YOUR FIRST YEAR'S DUES.**

8601 Dunwoody Place, Suite 318, Atlanta, Georgia 30350-2509 ATTN: Member Services Dept.

## BASED ON YOUR BUSINESS, PLEASE SELECT ONE OF THE FOLLOWING MEMBERSHIP CATEGORIES

☐ **OWNER/MANAGER/DEVELOPER:** A current or potential owner/manager/developer of apartments and/ or rental units in the 16 county" metropolitan Atlanta area. According to the Association's bylaws,"al **l units managed, either in membership name or another name which is controlled by common ownership or management contract, and which are located in the 16 county metropolitan Atlanta area, shall be required to be affiliated with membership and pay the required fees.**"

"Countie s included: Bartow,Carroll,Cherokee,Clayton,Athens-Clarke, Cobb,Coweta,Dekalb,Douglas,Fayette,Forsyth, Fulton, Gwinnett,Hall,Henry, Paulding and Rockdale

FEES CALCULATION TO ACTIVATE MEMBERSHIP PROCESS:

line 1: $ _____ - _____ **BASE ANNUAL DUES** (enter amount based on **your company's total units**)

$196 = 100 units or less
$360 = 101-300 units
$686 = 301-999 units
$926 = 1000 units or more

line 2: $ _____ **UNIT ASSESSMENT** _____ **X $ 2.05 =** _____

Total units owned or managed" Total unit assessment

**In accordance with Association by-laws and in order to receive services,** ALL APARTMENT COMMUNITIES (WITHIN THE 18 COUNTY ATLANTA METROPOLITAN & ATHENS/CLARKE COUNTY AREA) MANAGED BY THE COMPANY MUST BE AFFILIATED BY LISTING BELOW.

line 3 $ 50.00 **INITIAL PROCESSING FEE or REINSTATEMENT FEE**

line 4 $ _____ - _____ **TOTAL FEES FOR FIRST YEAR'S MEMBERSHIP** (add lines 1,2 & 3)

Please provide complete information below for the agent communities affiliated with your membership. Members agree to affiliate additional properties as they are acquired and to annually verify the total number of units owned of managed.

**Use additional sheet if affiliating more than 2 properties.**

| | | |
|---|---|---|
| Property Name | | |
| Address | | |
| City, State, Zip | | |
| Phone/Fax | | |
| Manager | | |
| # of Units | | |
| e-mail | | |

## WE ACCEPT VISA / MASTERCARD / AMERICAN EXPRESS / DISCOVER

NAME ON CARD: _____ CARD # _____

EXPIRATION: _____ SIGNATURE _____

CC Billing Address: _____

City: _____ State: _____ Zip: _____ CCID/CVV: _____

**UPON COMPLETION, SEND APPLICATION & PAYMENT FOR FIRST YEAR'S DUES TO:**


**ATLANTA APARTMENT ASSOCIATION, INC.**
**8601 Dunwoody Place, Suite 318, Atlanta, Georgia 30350-2509**
**(770) 518-4248 Fax (770) 518-4373**
**www.atl-apt.org**


**OR SCAN/EMAIL THIS DOCUMENT AND SEND IT TO MEMBERSHIP@ATL-APT.ORG**