



PRIMARY MEMBERSHIP APPLICATION

A Primary Member will pay for all units owned and/or managed within the geographic jurisdiction held by the Association through the National Apartment Association charter. GDAA counties include Allen, Auglaize, Butler, Clark, Darke, Greene, Hardin, Logan, Mercer, Miami, Montgomery, Preble, Shelby, Warren.

Owner/Management Company: _____

Main Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Company Phone: (____) _____ - _____ Company Email: _____

Website: _____

Total Unit Count within the GDAA territory: _____

Primary Contact Name: _____ Direct Number: _____ Email: _____

Title/Position: _____

Regional/District Manager Name: _____ Direct Number: _____ Email: _____

Additional Staff Name: _____ Direct Number: _____ Email: _____

Title/Position: _____

Billing Contact Name: _____ Phone: _____

Billing Contact Email: _____

Billing Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Apartment Community: _____ Property Unit Count: _____

Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Phone: (____) _____ - _____ Community Email: _____

Website: _____

Property Manager Name: _____ Direct Number: _____ Email: _____

Leasing Professional Name: _____ Email : _____

Maintenance Name: _____ Email : _____

Additional Staff: _____ Email: _____ Title/Position: _____

Where should invoices be sent? () Management Company () Property Manager () Other _____

Apartment Community: _____ Property Unit Count: _____

Address: _____

City: _____ State: _____ County: _____ Zip Code: _____

Phone: (____) _____ - _____ Community Email: _____

Website: _____

Property Manager Name: _____ Direct Number: _____ Email: _____

Leasing Professional Name: _____ Email : _____

Maintenance Name: _____ Email : _____

Additional Staff: _____ Email: _____ Title/Position: _____

Where should invoices be sent? () Management Company () Property Manager () Other _____

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Apartment Community: _____ Property Unit Count: _____
Address: _____
City: _____ State: _____ County: _____ Zip Code: _____
Phone: (____) _____ - _____ Community Email: _____
Website: _____

Property Manager Name: _____ Direct Number: _____ Email: _____

Leasing Professional Name: _____ Email : _____

Maintenance Name: _____ Email : _____

Additional Staff: _____ Email: _____ Title/Position: _____

Where should invoices be sent? () Management Company () Property Manager () Other _____

Apartment Community: _____ Property Unit Count: _____
Address: _____
City: _____ State: _____ County: _____ Zip Code: _____
Phone: (____) _____ - _____ Community Email: _____
Website: _____

Property Manager Name: _____ Direct Number: _____ Email: _____

Leasing Professional Name: _____ Email : _____

Maintenance Name: _____ Email : _____

Additional Staff: _____ Email: _____ Title/Position: _____

Where should invoices be sent? () Management Company () Property Manager () Other _____

MEMBERSHIP DUES:

GDAAs are on a January - December billing cycle. All memberships expire on **December 31st**, regardless of when you join. You will be invoiced upfront for a full year and prorated during the second year (based on the date that you join). The second-year invoice will be due on or before January 1st of the following year.

In submitting this application, I/we agree to abide by Regulations and Bylaws of the Greater Dayton Apartment Association (located on www.gdaa.org). In the event of termination of membership in this association, I/we agree to discontinue immediately the use of its logo in any form. This payment represents dues in the Greater Dayton Apartment Association for a twelve-month period.

Date: _____ Signature: _____ Referral: _____

