



Direct Membership Application

Management Co/Independent Owner Name _____
Corporation ___ Yes ___ No Other? _____

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 _____

Owner/Manager Membership shall be open and limited to any individual, partnership or corporation that owns, has ownership interest in, manages or builds rental housing. It shall be a requirement for Owner/Manager Membership that all rental units in Indiana in which the firm's owners, partners or officers have an ownership or management interest become members of the state association.

Total number of communities owned or managed in Indiana _____

(please list all communities below. If necessary, please attached additional sheets)

Total number of units owned or managed in Indiana _____

**Please note, all properties and units owned and/or managed in Indiana must be included in your IAA membership count.*

(1) Community Name: _____ # of Units: _____
Mailing Address: _____ County: _____
Manager: _____ Email Address: _____
Phone: _____ Section 42 _____ Section 8 _____ Corporation? ___ Yes ___ No Other? _____

(2) Community Name: _____ # of Units: _____
Mailing Address: _____ County: _____
Manager: _____ Email Address: _____
Phone: _____ Section 42 _____ Section 8 _____ Corporation? ___ Yes ___ No Other? _____

(3) Community Name: _____ # of Units: _____
Mailing Address: _____ County: _____
Manager: _____ Email Address: _____
Phone: _____ Section 42 _____ Section 8 _____ Corporation? ___ Yes ___ No Other? _____

(4) Community Name: _____ # of Units: _____
 Mailing Address: _____ County: _____
 Manager: _____ Email Address: _____
 Phone: _____ Section 42 _____ Section 8 _____ Corporation? ___Yes ___ No Other? _____

Units Per Property	Per Property Fee	Per Unit Cost
1-49	\$50.00	\$2.55
50-99	\$100.00	\$2.55
100-399	\$150.00	\$2.55
OVER 400	\$200.00	\$2.55

One and two family multifamily dwellings with 4 units or less per building	
Number of Properties	Fee
1-49	\$300.00
50-99	\$540.00




Dues for new members joining after April 1 are prorated based on the month they join. Dues are renewable on the calendar year.

Please email your completed application to cassandra@iaaonline.net. If you would prefer to mail your application, please send your application and payment to the address below. You will receive a welcome letter and membership cling upon approval of your application.

Indiana Apartment Association

9200 Keystone Crossing, Suite 100

Indianapolis, IN 46240

Or, pay by Credit Card:	  	Total Dues \$ _____
Card # _____		
Name on Card _____	Expiration Date ____/____	Security Code _____
Cardholders Address _____		

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. \$.55 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: Your membership investment in the Indiana Apartment Association is deductible as an ordinary and necessary business expense. However, the portion of the investment related to the Indiana Apartment Associations' lobbying activities (as defined by the IRS) is not deductible. The deductible portion of the investment for this year is 85%. The non-deductible portion of the investment is 15%. For specific guidelines concerning your particular situation, it is recommended that you consult a tax professional.

Mgmt. Co/Independent Owner Name _____ Date _____

Printed Name _____ Title _____

Signature _____

Recommended for membership by Member _____