



OFFICE USE	<input type="checkbox"/> Recrng Bill	_____
	<input type="checkbox"/> Inv	_____
	<input type="checkbox"/> Listing & SM update	_____
	<input type="checkbox"/> Pmt Proc'd	_____
	<input type="checkbox"/> E/SM	_____

# 2020 PTAA Membership Application

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Referred by PTAA Member: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Membership	Base	Calculation Table	Dues
<input type="checkbox"/> Independent Rental Owner, 0-50 Units	\$ 145	+ _____ units x \$3.95 = _____	= \$ _____
<input type="checkbox"/> Independent Rental Owner, 51-149 Units	\$ 195	+ _____ units x \$3.95 = _____	= \$ _____
<input type="checkbox"/> Owner/Operator*	\$ 495	+ _____ units x \$3.95 = _____	= \$ _____
<input type="checkbox"/> Supplier Partner **	\$ 495	+ 1x Vendor Partner App Fee \$50	= \$545

\*To prorate dues, divide Total Yearly Dues by 12 and then multiply by the remaining months in the calendar year.  
 \*\*This will cover your membership dues through December 31, 2020. The next calendar year's dues will be prorated.

**Management Companies:** Please duplicate this section for additional communities. Please note, all Piedmont Triad communities in your portfolio must also be members of PTAA. This also ensures that potential NAA/AANC lease usage is not interrupted.

**Vendor Partners:** Please list a second contact person and give a brief description of your product/service.

Community Name: \_\_\_\_\_

Manager: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

#of Units: \_\_\_\_\_ Year built/Last renovation: \_\_\_\_\_

Conventional   
  Student   
  Section 8

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Categories for Online Listing (pick any 2):  
 \_\_\_\_\_

Company description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Social Media:** This information will be included on your online profile. Please provide us with your profile name(s)  
 FB \_\_\_\_\_ Twitter \_\_\_\_\_ LinkedIn \_\_\_\_\_ Instagram \_\_\_\_\_ Other \_\_\_\_\_

## Method of Payment

Check Payable  
(Piedmont Triad Apartment Association)

Credit Card:  
 VISA Mastercard  
 AmEx Discover



Name as it appears on card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Sec Code: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Card billing address: \_\_\_\_\_

Signature of cardholder: \_\_\_\_\_

**Dedicated to improving apartment living in the Piedmont Triad.**

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*Circle one:* Conventional      Student      Section 8

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