

■ APPLICANT INFORMATION

Supplier Memberships are available to an individual, corporation, partnership or non-profit organization which services or supplies the apartment or rental housing industry, or are interested in the promotion of the apartment or rental industry. The Supplier Membership must abide by the provisions of the Articles of Incorporation and the Bylaws of the Triangle Apartment Association. Franchise companies with different owners must maintain separate memberships and pay full dues.

Company _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Website _____

Year Established _____ Service Area _____

Primary Contact Name _____ Mobile _____

Email _____

Billing Contact *(if different than above)* _____ Email _____

Billing Address *(if different than above)* _____

Please describe the business including Principal Product/Service *(Included in the next issue of the ApartMentor Magazine)*:

Referred by _____ Company _____



■ DUES PAYMENT

MEMBER TYPE	APPLICATION FEE	TGA FEE (optional)	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
Supplier	65.00	20.00	621.00	465.75	310.50	*FREE with 2027 Dues Payment
First-Time Supplier <i>Previous members not eligible</i>	65.00	20.00	365.00	273.75	182.50	*FREE with 2027 Dues Payment

*During the calendar year, dues are pro-rated based on the quarter joined.
2027 Dues will be paid at the time of application – 4th Quarter 2026 included at no additional cost.

Payment Method:

☐ Check — Mail this form and payment to: Triangle Apartment Association; 7920 ACC Blvd., Suite 220; Raleigh, NC 27617

☐ Credit Card — Pay online at www.triangleaptassn.org or by calling 919-782-1165

(To protect our members' credit card information and in compliance with the standards set by the PCI Security Standards Council, we no longer accept credit card payment by mail, email or fax.)

NOTE: Payment of dues to associations is **NOT DEDUCTIBLE** as charitable contributions for federal income tax purposes. However, dues may be deducted as an ordinary and necessary business expense or deducted under other provisions of the IRS code as recommended by your accountant.

IT IS COMPLETELY UNDERSTOOD THAT TAA PROPRIETARY INFORMATION CANNOT BE DISTRIBUTED TO ANY OTHER COMPANY OR ENTITY OTHER THAN THE ASSOCIATE MEMBER LISTED ON THIS APPLICATION.

(E) Signature: _____ Date: _____

TAA MISSION STATEMENT

The leading resource committed to the advancement of the rental housing industry through advocacy, engagement, and innovation.



OFFICE USE ONLY: Date Rev'd _____ Inv # _____ Date Pd _____ Method _____ Amount \$ _____