



Tulsa Apartment Association
Member Information Form

OWNER / MANAGEMENT COMPANY INFORMATION

Company Name:

Primary Contact:

Title:

Physical Address:

City:

State:

Zip:

Mailing Address:

City:

State:

Zip:

Phone:

Fax:

Website:

Email:

Additional Email Addresses to be Added to our Distribution List:

BILLING INFORMATION

Check here to send all invoices to the billing contact listed below company

Billing Contact:

Title:

Address:

City:

State:

Zip:

Phone #:

Fax:

Email:

Check here to send invoices to the respective property

All invoices will be sent by email, so please make sure email address is correct.

By checking this box I am stating that I would prefer to receive invoices by mail.

PROPERTY INFORMATION

Property Name:

of Units:

Physical Address:

City:

State:

Zip:

Mailing Address:

City:

State:

Zip:

Manager's Name:

Phone:

Fax:

Website:

Email:

Additional Email Addresses to be Added to our Distribution List:

Tulsa Apartment Association Member Information Form

(continued)

Owner / Management Company:

PROPERTY INFORMATION

Property Name: # of Units:

Physical Address:

City: State: Zip:

Mailing Address:

City: State: Zip:

Manager's Name:

Phone: Fax:

Website:

Email:

Additional Email Addresses to be Added to our Distribution List:

PROPERTY INFORMATION

Property Name: # of Units:

Physical Address:

City: State: Zip:

Mailing Address:

City: State: Zip:

Manager's Name:

Phone: Fax:

Website:

Email:

Additional Email Addresses to be Added to our Distribution List:

PROPERTY INFORMATION

Property Name: # of Units:

Physical Address:

City: State: Zip:

Mailing Address:

City: State: Zip:

Manager's Name:

Phone: Fax:

Website:

Email:

Additional Email Addresses to be Added to our Distribution List:

After you have completed this form, please save to your computer and email as an attachment to info@taaonline.org OR [click here to submit the form by email.](#)