

Application for Affiliate Membership in the Pennsylvania Apartment Association

Affiliate Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

Primary Contact: _____ Email: _____

Membership:

1. Owner Members _____
2. Associate Members _____
Total Members _____
3. Total Number of Units Represented _____

Dues

\$15.00 x Total Number of Members = _____
\$.15 x Total Number of Units = _____
Total Due _____

(May be paid monthly or quarterly)

Will be adjusted for second half of the year upon receipt of May 31 roster.

Please attach the following documents;

1. List of names, addresses & phone numbers of the board of directors
2. Membership roster with full names & address, phone & fax numbers, number of units and any necessary explanation of membership classification and structure.
3. Copy of minutes of board of directors meeting approving the Affiliate Chapter Application.
4. Copy of the bylaws.
5. Copy of the dues structure and current balance sheet. Also a proposed budget if possible.
6. Outline of geographical area for current service area.

Authorized Signature: _____ Title: _____

For AAP Use Only: Approved [] Denied [] Authorized AAP Signature: _____

Date: _____