Application for Membership



36 East Twohig, Suite 330 (3rd Floor of the Cactus Hotel) San Angelo, TX 76903 (325) 942-1332

NAA



Your membership in the **SAAA**

includes membership in

E-Mail: ae@sanangeloapts.com

Mission Statement: The San Angelo Apartment Association, Inc. is dedicated to promoting and advancing the general welfare of the housing industry through the association of those involved in ownership, management and suppliers of products and services to the industry.

Semen und supp			
Recommended/referre	ed by:	Compa	any:
Irion, Kimble, Mason, I Runnels and Val Ver properties owned or m pr operated in this terri	McCulloch, Menard de counties. Assonanaged within SAA itory.	l, Schleicher, Sterling, Sciation bylaws require IA's territory, and to an	tal property in Coke, Concho, Crockett, Sutton, Tom Green, the southern half or members to pay annual dues on all nually verify the number of units owned es that supply products or services to
Member information	1: Please type or pr	int all information.	
Member name (comp	pany or property): _		
Member address:			
City:	State:	County:	Zip + 4:
Contact name:			Title:
Phone:	Fax:	Email:_	
Website:	Nature of business:		
Billing address:			
			Zip + 4:
List any other cities y	ou do business in:		
Name of designated	voting contact:		
-	an Angelo Apartmei	nt Association, the Texas	ment includes all the benefits and privileges Apartment Association and the National
□ Product/Service	(Optional) B (Optional) T (Optional) S	Setter Government Full AA PAC (no corporate SAAA Promo Donation ds are used to help support local c	nd \$ 15 e funds) \$ 15
		Total Membership Inves	tment \$
			II, state and national government and regulatory bodies, annually on your dues investment invoice.

Member interests/communication preferences: Please provide the following information so that we can better meet your needs for timely and relevant industry information.
SAAA's Newsletter will be emailed to you or
I □do not wish to receive <i>SAAA</i> 's publication.
I □do □do not grant permission for the business listed above to be included in <i>SAAA</i> 's publications and online website.
I understand that by providing the fax number(s) and email address(es) above, I am authorized to and hereby consent for the company/organization to receive faxes and email notices sent by or on behalf of the <i>San Angelo Apartment Association</i> , San Angelo Chamber of Commerce, Texas Apartment Association, Texas Apartment Association Foundation, Texas Apartment Association Political Action Committee and the National Apartment Association.
Signature Date
Payment information: Payment for your annual membership investment, plus any voluntary contributions may be made by check payable to the San Angelo Apartment Association .
Please note that the SAAA requires payment for your first year's membership investment upon application. Your second year's membership dues will be prorated based upon the time of your initial application.
Method of payment: □ check enclosed for \$
Membership agreement: Please read carefully before signing and submitting your application. This application is made in accordance with and subject to the bylaws and articles of incorporation of the San Angelo Apartment Association. I agree to abide by the Code of Ethics of the Association, and any future amendments approved to the Code of Ethics in accordance with SAAA's bylaws. I hereby apply for membership and enclose payment for my first year's membership investment. In the event of membership termination, I agree and my company agrees to discontinue, immediately, the use of SAAA, TAA, and NAA's logo, forms, services and other benefits and privileges of membership. Continued use of the SAAA, TAA, or NAA logo or forms may subject me or my company to legal action. Signature: Printed name of above:
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