

Application for Membership



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(3rd Floor of the Cactus Hotel)
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Your membership in the **SAAA**
includes membership in



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.*

Recommended/referred by: _____ Company: _____

Membership in the *San Angelo Apartment Association* covers rental property in *Coke, Concho, Crockett, Irion, Kimble, Mason, McCulloch, Menard, Schleicher, Sterling, Sutton, Tom Green, the southern half of Runnels and Val Verde counties*. Association bylaws require members to pay annual dues on all properties owned or managed within *SAAA's* territory, and to annually verify the number of units owned or operated in this territory.

Type of membership desired:

- Owner Members** shall be those business entities that meet one or more of the following qualifying factors: individual, firm or corporation, owners of multi-family housing or other residential rental unit or units.
 1. Each business name operating as a separate entity and "DBA" shall be required to have a separate membership.
 2. Employees may be appointed by Owner Members to act as a representative.
- Affiliate Members** shall include individuals who are not in a business directly associated with the multi-family industry, nor are eligible for any of the above memberships, but have a personal interest in advancing the general welfare of the multi-family housing industry.

Member information: *Please type or print all information.*

Member name (company or property): _____

Member address: _____

City: _____ State: _____ County: _____ Zip + 4: _____

Principal or contact name: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Website: _____ Nature of business: _____

Billing address: _____

City: _____ State: _____ County: _____ Zip + 4: _____

Management Company: _____

Mailing address: _____

City: _____ State: _____ Zip: _____ Phone: _____

List any other cities you do business in: _____

Name of designated voting contact: _____

Annual membership investment: Your annual membership investment includes all the benefits and privileges of membership in *SAAA*, the *Texas Apartment Association* and the *National Apartment Association*.

Owner/management Company

BASE RATE DUES:

1 – 5 Units - \$200	100 – 199 Units - \$310
6 – 10 Units - \$225	200 – 499 Units - \$335
11 – 25 Units - \$255	500 – 999 Units - \$365
26 – 99 Units - \$280	1,000 + Units - \$395

Base Rate (from list above)..... \$ \$ _____
 + (\$3.85 per unit x _____ # of units)..... + \$ _____

Contribution to Better Government Fund (optional)..... + \$ 15.00
and/or Contribution to TAA PAC (optional) – **No Corporate Funds**..... + \$ 15.00
 SAAA Promotion Donation (optional)..... + \$ 25.00
(the 'Promo' funds are used to help support local charitable organizations and Holiday Party)

TOTAL MEMBERSHIP INVESTMENT: = \$ _____

Affiliate Member ----- (see page 1 for definition)..... **\$275.00**

A portion of your investment supports efforts to represent your views and interest before local, state and national government and regulatory bodies, and may not be deductible as a business expense. This amount will be communicated to you annually on your dues investment invoice or through other means.

Property information: List all properties owned or managed in the counties served by *San Angelo Apartment Association*. Attach additional sheet(s) if necessary.

Property name _____ Address, City, State, Zip _____ # Units _____

Contact name _____ Phone _____ Email _____

Property name _____ Address, City, State, Zip _____ # Units _____

Contact name _____ Phone _____ Email _____

Property name _____ Address, City, State, Zip _____ # Units _____

Contact name _____ Phone _____ Email _____

Property name _____ Address, City, State, Zip _____ # Units _____

Contact name _____ Phone _____ Email _____

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.

I do not wish to receive *SAAA's* publication.

I do do not grant permission for the business listed above to be included in *SAAA'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 *San Angelo Apartment Association*, San Angelo Chamber of Commerce, Texas Apartment Association, Texas Apartment Association Education 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: _____

Title: _____

Date: _____

For Association use only

Application: approved _Date: _____