Application for Membership



36 East Twohig, Suite 330 (3rd Floor of the Cactus Hotel) San Angelo, TX 76903 (325) 942-1332 Fax (325) 942-6529 E-Mail: ae@sanangeloapts.com 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.
- □ <u>Affiliate Members</u> 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: Plea	ase type or print al	ll information.		
Member name (company c	or property):			
Member address:				
City:	State:	County:		_ Zip + 4:
Principal or contact name:				
Phone:	Fax:	Ema	ail:	
Website:	······································	Nature	of business: _	
Billing address:				
City:				
Management Company:	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
Mailing address:	· · · · · · · · · · · · · · · · · · ·			
City:				
List any other cities you do	business in:			
Name of designated voting	contact:			

Annual membership investment: You of membership in <i>SAAA</i> , the <i>Texas Apartment</i>	•				
Owner/management Company BASE RATE DUES:	400 400 Units #225				
1 – 5 Units - \$225 6 – 10 Units - \$250	100 – 199 Units - \$335 200 – 499 Units - \$360				
11 – 25 Units - \$280	500 – 499 Units - \$380 500 – 999 Units - \$390				
26 – 99 Units - \$305	1,000 + Units - \$420				
Base Rate (from I	\$ <u>\$</u>				
+ (\$ 4.35 per unit	t x # of units)	+ \$			
Contribution to Better Go	overnment Fund (optional)	$ \begin{array}{c} \dots &+ \$ & \$15.00 \\ \dots &+ \$ & \$15.00 \end{array} $			
and/or Contribution to TAA	and/or Contribution to TAA PAC (optional) – No Corporate Funds				
	SAAA Promotion Donation (optional)				
	sed to help support local charitable organizations and Holi				
		Φ			
T	OTAL MEMBERSHIP INVESTMENT:	= \$			
□ Affiliate Member (see page 1 fo	ar definition)	\$300.00			
		φου			
A portion of your investment supports efforts to repregulatory bodies, and may not be deductible as a buinvestment invoice or through other means.					
•					
Property information: List all properti <i>Apartment Association.</i> Attach additiona	5	served by <i>San Angelo</i>			
Property name	Address, City, State, Zip	# Units			
Contact name	Phone Email				
Property name	Address, City, State, Zip	# Units			
Contact name					
	Phone Email				
	PhoneEmail				
	PhoneEmail				
Property name					
	Address, City, State, Zip	# Units			
Property name	Address, City, State, Zip	# Units			
	Address, City, State, Zip	# Units			
	Address, City, State, Zip	# Units			
	Address, City, State, Zip Phone Email	# Units			
Contact name	Address, City, State, Zip Phone Email	# Units			
Contact name	Address, City, State, Zip Phone Email Address, City, State, Zip	# Units			

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 \Box 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 telephone numbers and email address(es) above, I am authorized to and hereby consent for the company/organization to receive phone calls and/or email notices sent by or on behalf of the *San Angelo Apartment Association*, Texas Apartment Association, 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. <u>Your second year's membership dues will be prorated based upon the time of your initial application</u>.

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: