

AACT Membership Application

Type of Membership Requested

- Owner/Manager** — Those businesses that own or are agents for owners of multi-family housing or other residential rental unit or units. It is mandatory that all units owned or managed be registered on this application.
- Product/Service** — Those businesses supply products and/or services to the multi-family industry.
- Affiliate** — Those individuals who do not own or manage units, but wish to support the AACT.

Annual Dues

Owner Manager \$200 +

\$1.50/unit (1-600 units) \$ _____

\$.75/unit (601 - 1,000 units) \$ _____

\$.70/unit (1,001-2,000 units) \$ _____

\$.65/unit (2,001+ units) \$ _____

Product Service \$235 \$ _____

(Sponsorship and advertising opportunities are available for marketing visibility)

Affiliate \$100 \$ _____

Total Annual Dues \$ _____

Referring Member: _____

A portion of your investment supports efforts to represent your views and interests before local, state, and national governmental and regulatory bodies, and may NOT be deductible as a business expense. This amount will be communicated to you annually on your dues invoice. Your annual investment automatically enrolls you as a member of the Texas Apartment Association and the National Apartment Association. Your annual AACT investment also includes a \$5 subscription to *Texas Apartments Magazine*.

The Texas Apartment Association (www.taa.org) is a statewide organization formed in 1963 as a non-profit trade association to unify and serve the members of the rental housing industry in Texas. At present, there are 26 affiliated local associations in Texas, representing over 1.2 million rental housing units and those vendors who service them statewide.

The National Apartment Association (www.naabq.org) was founded in 1939 and is America's leading advocate for quality rental housing. NAA represents nearly 200 state and local affiliated associations with approximately 50,000 members, responsible for over 6.1 million apartment and rental homes nationwide.

Failure to complete the form in its entirety may cause a delay or refusal of your application.

Company Name

Street Address

City, State, Zip

Telephone

Nature of Business _____

Number of Years in Business _____

Number of Employees _____

Other Markets/Areas Served _____

Total Number of Units in last 12 Months:

Owned Managed Built

Company Principal or Area Representative

Box #, Suite#, or Address Line 2

Website OR Contact Email Address

Fax

Bank Reference and Account Number

(For Owner/Manager Members) Please list all properties owned/managed in all of Bell, Coryell, or Lampasas Counties.

Property Name	Unit Count	Address	Zip Code

Manager's Name	Email	Telephone	Fax

Property Name	Unit Count	Address	Zip Code

Manager's Name	Email	Telephone	Fax

Property Name	Unit Count	Address	Zip Code

Manager's Name	Email	Telephone	Fax

Please list additional properties on back or attach spreadsheet.