

## MEMBERSHIP APPLICATION

**Owners, Management Companies & Communities** 

Owner or Management Company Name						
Contact Person						
Address (Street, 0	City, State, Zip)					
Phone Number		Fax Number				
Email Address		Website Address				
Referred By						
Membership D	ues Information Membership entitles	you to ben	efits in three organizatio	ons: PMAWM, PMAM and NAA.		
Number of Apartment Communities X \$2.36 = Application Fee (Required)			\$75 = \$40.00	*Membership Dues are not deductible as a charitable deduction but they may be deducted as a business expense. A portion of the dues are used for direct lobbying expense, please check with the association for this percentage of non- deductible dues.		
Team Develop	ment					
I'm interested in the following programs: ☑		Online L Market	earning.	☐ Job Postings & Resumes ☐ Office Supply Discounts ☐ Community Outreach g ☐ Industry Publications		
Payment Inforr Form of Payment Credit Card Numbe Name as it appears	Cash Check Credit Card (MasterCard, Visa, American Express, Discover)  r (if paying by card) Exp. CVC	1	laws of PMAWM. As a m faxes, emails, phone call	es your agreement to abide by the by- ember of PMAWM you agree to receive s and mailings pertaining to any PMA ber discounts or advertisements.		



## MEMBERSHIP APPLICATION CONTINUED...

<b>Apartment Community Name</b>	Number of Units
Contact Person	
Address (Street, City, State, Zip)	
Phone Number	Fax Number
Filone Number	rax Number
Essal Address	Website Address
Email Address	website Address
Apartment Community Name	Number of Units
· ·	
Contact Person	
Address (Street, City, State, Zip)	
Address (Street, City, State, 21p)	
Phone No. 19 had	E. M
Phone Number	Fax Number
	Walacita Adduses
Email Address	Website Address
Apartment Community Name	Number of Units
, rame	
Contact Person	
Address (Street, City, State, Zip)	
Phone Number	Fax Number
Email Address	Website Address

Please duplicate form(s) for additional apartment communities if needed.