



MEMBERSHIP APPLICATION

Owners, Management Companies & Communities

Owner or Management Company Name

Contact Person

Address (Street, City, State, Zip)

Phone Number

Fax Number

Email Address

Website Address

Referred By

Membership entitles you to benefits in three organizations: PMAWM, PMAM and NAA.

Membership Dues Information

Number of Apartment Communities _____
X \$75.00

**List apartment community details on following page.*

Total Number of Units _____ X \$2.21

Application Fee (Required)

Total

Team Development

I'm interested in the following programs:

- Advocacy Initiatives & Legislation
- Business Networking
- Education Programs
- Lease, Addendums & Forms
- Committee Involvement
- Online Learning
- Market Data
- Apartment Availability Listing
- Job Postings & Resumes
- Office Supply Discounts
- Community Outreach
- Industry Publications

Payment Information

Form of Payment Cash Check Credit Card
(MasterCard, Visa, American Express, Discover)

Credit Card Number *(if paying by card)* Exp. CVC

Name as it appears on Card

Your signature constitutes your agreement to abide by the by-laws of PMAWM. As a member of PMAWM you agree to receive faxes, emails, phone calls and mailings pertaining to any PMA event, member-to-member discounts or advertisements.

Signature and Date



MEMBERSHIP APPLICATION CONTINUED...

Apartment Community Name

Number of Units

Contact Person

Address (Street, City, State, Zip)

Phone Number

Fax Number

Email Address

Website Address

Apartment Community Name

Number of Units

Contact Person

Address (Street, City, State, Zip)

Phone Number

Fax Number

Email Address

Website Address

Apartment Community Name

Number of Units

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.