



Please Mail Completed Form With Payment To:
 Western Pennsylvania Apartment Association
 P.O. Box 3165, Pittsburgh, PA 15230-3165
 Telephone: (412) 288-9780 -- Fax: (724) 371-0741
 web: www.TheWPAA.com -- email: thewpaa@aol.com

Application for Membership

PLEASE PRINT OR TYPE

Membership Name:			
# of Properties:	<i>(multiple properties fill out attached form)</i>		
Company Contact:			
Title:			
Mailing Address:			
City:	State:	Zip:	
Physical Address:			
City:	State:	Zip:	
Telephone Number:	Fax Number:		
Management Company:			
E-mail Address:	Web Site Address:		
Business Type:			

CHECK MEMBER CATEGORY

<input type="checkbox"/> Owner / Builder / Manager Member - <i>Any owner, builder, or manager with multi-housing units who operates or has interests in the State of Pennsylvania.</i>	<input type="checkbox"/> Associate Member - <i>Members providing products/services to other members.</i>
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ANNUAL MEMBERSHIP INVESTMENT FORMULA

<input type="checkbox"/> Owner / Builder / Manager Member = $\$315.00 + \$1.00 \text{ per unit (*if over 50 units)} + \$20.00 \text{ per multiple properties}$ <div style="text-align: right; margin-right: 20px;">\$ 315.00</div> <div style="margin-top: 5px;"> [+ Total Units (over 50) _____ x \$1.00] = \$. </div> <div style="margin-top: 5px;"> [+ Total Properties _____ x \$20.00] = \$. </div> <hr style="border: 0.5px solid black;"/> <div style="text-align: right; margin-right: 20px;">TOTAL DUE = \$.</div>	<input type="checkbox"/> Associate Member = \$295.00 Web Link available \$60.00 per link per year <div style="margin-top: 20px;"> Flat Rate = \$ 295.00 Web Link = \$. </div> <hr style="border: 0.5px solid black;"/> <div style="text-align: right; margin-right: 20px;">TOTAL DUE = \$.</div>
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By applying for this membership I/We agree to abide by the Bylaws of the Western Pennsylvania Apartment Association.

Applicant Signature:	Date:
<input type="checkbox"/> Paying by check # _____ or <input type="checkbox"/> Invoice Me Amount \$ _____ <input type="checkbox"/> Charge my credit card # _____ Exp Date: ____/____ <input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Amount \$ _____ Name on credit card: _____	

The estimated 2010 percentage of NAA dues that are non-deductible for income tax purposes is 13.75%

This portion of the application will be completed by the WPAA:

Sponsoring Member:			
Membership Committee Rep:			
Date of Application:		Date of Board Approval:	

New members are required to submit annual dues within 30 days of application submission.