

ANNUAL DUES

OWNER MEMBER	
0 - 10 UNITS	\$205
11 - 25 UNITS	\$210
26 + UNITS	\$220.00 BASE + \$1.35/Unit
Products / Service	\$235
Affiliate	\$100

OWNER MEMBERS: Owners or agents of owners of multi-family or residential units. It is mandatory that ALL units owned or managed by owner or representative which are located in the covered area be registered.

PRODUCT/SERVICE: Those businesses that supply products or services to the multi-family housing industry.

AFFILIATE: Those individuals who do not own or manage units, supply products or services, but wish to support HTAA

 Being acquainted with the purposes and subscribing to the Code of Ethics of the Heart of Texas Apartment Association, I/we hereby apply for membership as an:

- OWNER/MANAGEMENT MEMBER
- PRODUCT/SERVICE MEMBER
- AFFILIATE

Company _____
 Mailing Address _____
 City/State/Zip _____
 Phone _____ Fax _____
 Email _____
 Owner/Representative _____
 Billing Address _____
 City/State/Zip _____
 Phone _____ Fax _____

List All Properties Owned And Managed In The Counties Served By HTAA, (McLennan, Falls, Hill, Limestone, Bosque, Hamilton & Coryell Counties.)

PLEASE ATTACH A COMPLETE LISTING OF PROPERTIES IF ADDITIONAL SPACE IS NEEDED.

Property Name _____
 (if any) _____
 Address _____
 City/State/Zip _____
 # Units _____ Manager _____
 Phone _____ FAX _____
 E-Mail _____

 Property Name _____
 (if any) _____
 Address _____
 City/State/Zip _____
 # Units _____ Manager _____
 Phone _____ FAX _____
 E-Mail _____

 Property Name _____
 (if any) _____
 Address _____
 City/State/Zip _____
 # Units _____ Manager _____
 Phone _____ FAX _____
 E-Mail _____

CERTIFICATION

The information provided herein includes ALL properties/units in the covered area that are owned, managed, or controlled by my/our company. My signature constitutes my agreement to abide by the Code of Ethics of the HTAA. In the event of termination of membership, I/we agree to immediately discontinue the use of the HTAA logo, TAA forms and membership services.

LIST 3 TRADE REFERENCES:

Company _____ Contact Person _____
 Address _____ Phone _____
 Company _____ Contact Person _____
 Address _____ Phone _____
 Company _____ Contact Person _____
 Address _____ Phone _____

My signature constitutes my agreement to abide by the Code of Ethics of the HTAA. In the event of termination of membership, I/we agree to immediately discontinue the use of the HTAA logo, TAA forms and membership services.

Signature _____ Date _____

REFERRED BY (Recommending Member)

PLEASE MAIL COMPLETED FORM ALONG WITH

PAYMENT TO:

Heart of Texas Apartment Association
 4201 W. Lake Shore Dr. Suite H
 Waco, Texas 76710