

The Apartment Association of Metro Denver

Membership Application

2007/2008

Please Print or Type All Information. All Apartment Association records will be based on the information provided. Incomplete applications will be returned.

How did you hear about us? _____

Company/Member Name: _____

Primary Contact: _____

Title: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____

Direct Phone: _____

Fax #: _____

Mobile Phone: _____

Email Address: _____

Web Site: _____

Tax ID # / SS #: _____

Tax Exempt #: _____

Please Attach Copy of state issued certificate

Bank Reference: _____

Phone #: _____

Bank Reference: _____

Phone #: _____

Your membership application and subsequent membership with AAMD is subject to information obtained through references regarding credit, business, and ethics. Please sign below to allow AAMD to check these references.

Signature: _____

Date: _____

For Owner/Management Applicants Only: Please provide complete information for the agent communities affiliated with your membership. Members agree to affiliate additional properties as they are acquired and to annually verify the total number of units owned or manager. Mail will be sent to communities with 50 or more units unless otherwise requested. **Use additional sheet if affiliating more than 2 properties*

Upon the approval of this application, the primary contact will automatically receive a new member packet including a copy of the current Membership Directory,

Property Name: _____

Property Name: _____

Address: _____

Address: _____

City/St/Zip: _____

City/St/Zip: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

Web Address: _____

Web Address: _____

Manager: _____ # of Units: _____

Manager: _____ # of Units: _____

upcoming event information, AAMD logo slicks, and an issue of *Apartment TRENDS*. Apartment communities/properties listed by an owner/management company will receive the current Membership Directory, the most recent *Apartment TRENDS* and logo slicks. Further correspondence, event notices and publications will be directed to the main contact, unless the AAMD Member Services Director is notified to send additional notices to other company representative at an additional mailing cost. Your approval for AAMD Membership also includes membership affiliation with the Colorado Apartment Association and the National Apartment Association.

PLEASE COMPLETE THE REVERSE SIDE OF THIS APPLICATION AND RETURN TO AAMD WITH YOUR FIRST YEAR'S FEE.

3773 Cherry Creek North Drive, Suite 1001, Denver, CO 80209 - Attn: Membership Director

Phone (303) 329-3300 * Fax: (303) 329-0403



OWNER / MANAGEMENT / DEVELOPER: A current or potential owner/management/developer of apartments or rental units in the seven-county* Denver Metropolitan area. *Counties include: Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas and Jefferson

Number of Units Managed / Owned = _____

Fee Calculation:

1) Base Dues: \$205.

+

2) Unit Dues: \$ _____ (see chart below)

Multiply the number of units _____ x \$ _____ / unit = line 2

+

3) Application Fee \$ 50 (one time charge for new members)

=

TOTAL FIRST YEAR DUES (adding lines 1 + 2 + 3) \$ _____

Your 2nd year dues will be a prorate thru June of that year.

| # of Units | Per Unit Dues |
|-------------|---------------|
| 0-9 | \$6.20 |
| 10-24 | \$5.20 |
| 25-49 | \$4.70 |
| 50-124 | \$4.25 |
| 125-249 | \$4.15 |
| 250-499 | \$4.00 |
| 500-749 | \$3.45 |
| 750-999 | \$3.35 |
| 1000-1499 | \$3.05 |
| 1500-1999 | \$2.95 |
| 2000-2999 | \$2.65 |
| 3000-3999 | \$2.60 |
| 4000-4999 | \$2.55 |
| 5000-5999 | \$2.50 |
| 6000-6999 | \$2.45 |
| 7000-7999 | \$2.40 |
| 8000-8999 | \$2.30 |
| 9000-10,000 | \$2.25 |
| 10,000 + | \$2.20 |

According to the Association's bylaws, "all units managed, either in membership name or another name which are controlled by common ownership or managed contract, and which are located in the Denver metropolitan area, shall be required to be affiliated with membership and pay the required fees."

SUPPLIER: A vendor or supplier of product, goods, information and/or services to the apartment industry. Supplier Member dues are based upon the number of people employed **NATIONALLY** (+\$50 one-time application fee for new members)

Number of National Employees: _____

Annual Dues = \$ _____
+ \$50 application fee

TOTAL FIRST YEAR DUES = \$ _____

Your 2nd year dues will be a prorate thru June of that year.

List Specific Product or Service

1) _____

2) _____

(Two categories required for directory and website listing)

| # of National Employees | Annual Dues |
|-------------------------|-------------|
| 1 | \$305 |
| 2-3 | \$355 |
| 4-5 | \$410 |
| 6-9 | \$460 |
| 10-14 | \$510 |
| 15-24 | \$565 |
| 25-49 | \$615 |
| 50-100 | \$670 |
| 101 + | \$720 |

AAMD strives to provide quality products, services, events, and legislative support to all of our members. The resources and funding for this support have become more costly as our membership continues to grow. In an effort to keep our overall cost of membership and event participation to a minimum, we are now excepting contributions that can be added into your annual membership dues.

If you would like to make an additional contribution to the Apartment Association of Metro Denver above the amount of your annual membership, please indicate the amount in the space below and add that into the total amount due prior to submitting payment.

Donation Amount \$ _____ *Thank you for your support!*

Payment Method: Check Credit Card **Total Amount Due: \$ _____** (Includes annual dues & other contributions)
 _____ Check Number _____ Master Card _____ Visa _____ American Express

Credit Card Number: _____ Expiration Date: _____

Cardholder's Name _____ Signature _____

Please acknowledge your understanding of the following information by signing below. This application is made in accordance with, and subject to the bylaws and articles of incorporation of the Apartment Association of Metro Denver. I agree to abide by the Code of Ethics of this Association. I hereby apply for membership and enclose payment for the first year's dues (invoice for the prorated portion of the second year's dues will be sent on or around May 1 of each membership year. If applicant chooses to not renew membership in May of 2nd year, all membership privileges will be suspended) Make check payable to the Apartment Association of Metro Denver. Dues payments to the Association may be deductible as a business expense, but are not deductible as a charitable contribution. A portion of dues, however, is not deductible as a business expense to the extent that AAMD engages in lobbying. The nondeductible portion of dues is 16.26%. Dues payments are nonrefundable. Processing of an application take approximately four weeks. Upon approval by the Board of Directors, new members will be notified and sent a New Member Packet. In the event of termination of membership for any reason, I agree to discontinue use of the Association insignia, products and signs in any form. Member hereby acknowledges and agrees that any account that becomes delinquent will be subject to collections service. Customer agrees to pay all court costs and reasonable attorney fees for collection of all past due amounts including late charges, special order charges, plus interest thereon at 18% (eighteen percent) per annum on all such amounts outstanding.

Signature: _____ Date: _____

Upon completion, send application with check or credit card # for first year's Dues to: AAMD, 3773 Cherry Creek North Drive, Suite 1001, Denver, CO 80209.