



Connecticut Apartment Association 2010 Application for Membership

PLEASE PRINT OR TYPE		
Membership Name:	# Of Properties: _____ (multiple properties fill out attached form)	
Company Contact:	Title:	
Mailing Address:		
City:	State:	Zip:
Physical Address:		
City:	State:	Zip:
Phone Number:	Fax Number:	
Management Company:		
E-Mail Address:	Web Site Address:	

CHECK MEMBER CATEGORY:

- Owner/Builder/Manager Member** *ó Any owner/builder or manager with multi-housing units who operates or has interests in the State of Connecticut*

ANNUAL MEMBERSHIP INVESTMENT FORMULA

Owner/Builder/Manager/ Members = \$295 + \$1.15 per unit + \$50 per property (Admin. Fee)

\$295.00 + Total Units: _____ x \$1.15 = _____ + Total Properties: _____ x \$50.00 = _____ Total Due \$ _____

- Product & Service Council Member (PSC)** - *Associate Members providing products/services to other members. Associate Member rate = \$410.00* **Type of Product:** _____

PAYMENT AUTHORIZATION:

Check Check # _____

Credit Card: Master Card Visa Amex

Credit Card #: _____ Expiration Date: _____

Name as it appears on Credit Card: _____

Signature: _____

In applying for this membership I/we agree to abide by the Constitution and the Bylaws of the Apartment Association. I hereby permit the CTAA to send me faxes & emails on upcoming seminars, programs and events, sponsorship opportunities, dues renewal notices and other CTAA activities and programs.

*According to the lobbying deduction provisions of the Omnibus Budget Reconciliation Act of 1993, associations must estimate the percentage of nondeductible dues payments. ***Please note that 35.32% of member dues are used towards lobbying efforts at the state and national level and are non-deductible****

Cancellation of membership must be in writing. Membership dues are NOT refundable.

Please send payment, application and correspondence to:

CTAA – 330 Main Street – Third Floor, Hartford, CT 06106 Phone: 860.722.9922 FAX: 860.541.6484

Visit us online: www.ctaahq.org

MEMBERSHIP COMMITTEE INFORMATION: (For Internal Use Only)	
Sponsoring Member:	_____
Date of Application:	_____ Date of Board Approval: _____

PLEASE PRINT OR TYPE		
Property Name		
Mailing Address:		
City:	State:	Zip:
Phone Number:	Fax Number:	
Property Manager		
E-Mail Address:	Web Site Address:	
Number of Units:		
Property Name		
Mailing Address:		
City:	State:	Zip:
Phone Number:	Fax Number:	
Property Manager		
E-Mail Address:	Web Site Address:	
Number of Units:		
Property Name		
Mailing Address:		
City:	State:	Zip:
Phone Number:	Fax Number:	
Property Manager		
E-Mail Address:	Web Site Address:	
Number of Units:		
Property Name		
Mailing Address:		
City:	State:	Zip:
Phone Number:	Fax Number:	
Property Manager		
E-Mail Address:	Web Site Address:	
Number of Units:		
Property Name		
Mailing Address:		
City:	State:	Zip:
Phone Number:	Fax Number:	
Property Manager		
E-Mail Address:	Web Site Address:	
Number of Units:		
Property Name		
Mailing Address:		
City:	State:	Zip:
Phone Number:	Fax Number:	
Property Manager		
E-Mail Address:	Web Site Address:	
Number of Units:		