



P.O. Box 3956, Albany, New York 12203
 Or Fax To: 518-456-8570 Phone: 518-456-0927

Application for Membership

PLEASE PRINT OR TYPE		
Member Name:		
Principal Officer:		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		
<input type="checkbox"/> Owners – Members who have ownership in residential units (Independent Rental Owners)		
<input type="checkbox"/> Management Company - Members who manage and/or own multiple properties		
<input type="checkbox"/> Community – Members who own or manage a single property		
<input type="checkbox"/> Associate - Members providing products/services to other members.		
ANNUAL MEMBERSHIP INVESTMENT FORMULA		
<input type="checkbox"/> Any of the above with 1-25 units = \$99		
<input type="checkbox"/> Any of the above with 26-100 units = \$199		
<input type="checkbox"/> Any of the above with 101-300 units = \$299		
<input type="checkbox"/> Any of the above with 301 plus units = \$500		
<input type="checkbox"/> Associate Members = \$269		
		TOTAL UNITS:
PAYMENT AUTHORIZATION		
<input type="checkbox"/> Credit Card : Number :		Exp. Date: CIC Code:
<input type="checkbox"/> Cash	<input type="checkbox"/> Check	
MEMBERSHIP COMMITTEE INFORMATION		
Membership Committee Representative:		
Date of Application:		

I understand that by providing the fax number(s) and email address (es) above, I hereby consent to receive faxes and email notices sent by or on behalf of the NY Capital Region Apartment Association.

 Signature

 Date

Your membership in the NY Capital Region Apartment Association includes membership in the National Apartment Association. Thirty dollars (\$30) of your annual membership dues goes toward a one year subscription to *Units* magazine and is nondeductible from association dues payment.