



Membership Application

Please fill out your information below and return this form to NYCRAA with your membership payment. Please PRINT.

Company: _____

Officer Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Website: _____

Email: _____

Management Company Name: _____

Contact Name: _____ Telephone: _____

Email: _____

Please tell us the name of each property you will manage with your NYCRAA Membership and the number of units in each.

<u>PROPERTY NAME</u>	<u>NUMBER OF UNITS</u>	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
TOTAL Units		_____

Do you have others in your company that you wish to receive NYCRAA email Communications? (educational and training workshops, industry news, etc...)

Name	Email Address

Membership Categories

Please indicate your membership category

- Owner: Member who has ownership in residential units (Independent Rental Owner)
- Management Company: Member who manages and/or owns multiple properties
- Community: Member who owns or manages a single property
- Associate: Provides products or services to other members

Membership Cost

Membership fees are based on the above categories and your **TOTAL** number of units.

- 0 – 25 Total Units \$99
- 26-100 Total Units \$199
- 101-300 Total Units \$299
- 301 plus units \$500
- Associate Member \$269

Your membership in the New York Capital Region Apartment Association includes membership in the National Apartment Association (NAA). Thirty dollars (\$30) of your annual membership dues go toward a one year subscription to *UNITS* magazine and is nondeductible from association dues payments.

By submitting your application for membership, you agree to abide by NYCRAA's bylaws to promulgate and enforce a code of ethics which encourages high professional standards and sound business practices.

Payment Information - Payments can be made by check, **VISA, MC, or Amex**. Please make checks payable to NYCRAA. Credit card users **must use your address where you receive your statement** in order for us to process your card.)

Dues Amount: \$ _____

I authorize NYCRAA to charge my credit card for Member Dues for the Total Amount Due of: \$ _____

Credit Card Number: _____ Exp: _____ 3/4 Digit Code _____

Cardholders Name: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

Cardholder Signature: _____

Your membership in NYCRAA is extremely important to us and we look forward to serving you. Please return this form to us with your membership payment. We thank you for your membership commitment and for joining NYCRAA!

Complete and return this form with your payment to:
NYCRAA ~ PO Box 3956 ~ Albany, NY 12203
Toll-Free: 518.456.0927 ~ Fax: 518.383.5706
E-mail: admin@nycraa.com ~ Website: www.nycraa.com

Membership Committee Use Only

Membership Committee Representative: _____

Date of Application: _____

Payment:

- Date of payment: _____
- Credit Card Amount Pd. _____
- Check Check # _____ Amount Pd. _____