



# 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>
_____	_____
_____	_____
_____	_____
_____	_____
<b>TOTAL Units</b>	_____

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
- 301-500 Total Units                      \$499
- 501 plus Units                              \$699
- Associate Member                              \$299

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](mailto:admin@nycraa.com) ~ Website: [www.nycraa.com](http://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. \_\_\_\_\_