

SOUTHWEST FLORIDA APARTMENT ASSOCIATION MEMBERSHIP APPLICATION FOR 2010

Community/Vendor Company Name _____ # of Units _____ Apt. Communities Only

Contact Name _____ Title _____

Product or Service Provided _____
Give details for promotion to members

Address _____ City _____ ST _____ Zip Code _____

Phone _____ Fax _____ E Mail _____

Who Recommended You For Membership? _____

*CHECK ALL THAT APPLY	BASE	CALCULATION TABLE	TOTAL
<input type="checkbox"/> IROC – Independent Rental Owner, 1 to 50 individual/independent units	\$ 200	Base amount	\$
<input type="checkbox"/> Regular Membership, 1 - 65 units	\$ 200.	Base amount	\$
<input type="checkbox"/> Regular Membership, 66 – 299 units	\$ 200. +	_____ Units X \$ 2.00 per unit	\$
<input type="checkbox"/> Regular Membership, 300 – 399 units	+	_____ Units X \$ 1.68 per unit	\$
<input type="checkbox"/> Regular Membership, 400 + units	+	_____ Units X \$ 1.39 per unit	\$
<input type="checkbox"/> Associate Membership	\$ 300.	Provides a Product or Service	\$
<input type="checkbox"/> One Time Application Fee for New Members	\$ 25.		\$
APAC contribution (optional)	\$ 25.		\$
TOTAL			\$

*The section below is for apartment communities only
 Please duplicate application for additional communities*

Management Company Name _____ Regional Manager Name _____

Address _____ City _____ ST _____ Zip _____

Phone _____ Fax _____ E Mail _____ E Mail _____

*All members have an anniversary date of January.
 Membership dues are not deductible as contributions, but may be deductible as a regular business expense.*

By submitting this application I/we hereby authorize SWFAA to communicate with me/us at the address, phone number, fax number and E Mail address listed above until further notice.

SIGNATURE

DATE

Please Make Check Payable To **SWFAA**

Mail check and application to: SWFAA, P.O. Box 990579, NAPLES, FL 34116



P: 239-298-3028 F: 239-352-5626