



# APARTMENT ASSOCIATION OF MICHIGAN

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## Application For Membership Apartment Association of Michigan

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

Company Name \_\_\_\_\_

Business Address \_\_\_\_\_

County/City/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Residence Address \_\_\_\_\_

(Kept Strictly Confidential - For Emergency Use Only)

City/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Names of Owners/Partners \_\_\_\_\_

\_\_\_\_\_

*Membership Fee Schedule: \$1.80 per unit. Minimum \$250; Maximum \$6,300.*

APARTMENTS OWNED OR MANAGED BY APPLICANT				
Apartment Name	Address	Manager	Phone	# of Units

(Use reverse side for additional listings if necessary)

NOTE: The foregoing information is confidential, for use of staff only.

\_\_\_\_ Please charge my dues of \$ \_\_\_\_\_ to my Visa/Mastercard  
Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_

\_\_\_\_ Enclosed is my check in the amount of \$ \_\_\_\_\_ representing my first year's dues for units as noted above.

*My signature on this form gives AAM permission to contact me and my company by mail, email, fax and/or phone.*

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Sponsor's Name \_\_\_\_\_ Sponsor's Company \_\_\_\_\_

*Your membership in the Association is an extremely valuable investment and is 76% deductible as a business expense for income tax purposes. Charitable contributions or gifts to any trade association are not deductible for income tax purposes.*