



ASSOCIATE MEMBERSHIP APPLICATION



NAME OF BUSINESS: _____

ADDRESS: _____

CONTACT: _____

TEL: _____ FAX: _____

EMAIL: _____

DESCRIPTION OF SPECIFIC TYPE OF SERVICES OR PRODUCTS PROVIDED TO THE RENTAL HOUSING INDUSTRY (Will be included in the Membership Directory):

MEMBERSHIP FEE: \$450.00 PER YEAR- WITH INITIAL PAYMENT DUE AT TIME OF MEMBERSHIP APPLICATION.

I HEREBY APPLY FOR MEMBERSHIP AS AN ASSOCIATE MEMBER OF THE DELAWARE APARTMENT ASSOCIATION, INC.

SIGNATURE: _____ DATE: _____

TITLE: _____

APPLICATION APPROVED: _____ DATE: _____

REFERRED BY: _____

This application is subject to the BYLAWS AND ARTICLES OF THE INCORPORATION OF THE DELAWARE APARTMENT ASSOCIATION, INC. and approval of the President and Board of Directors of the Association.

Please make check payable to the Delaware Apartment Association, and mail with Application to:

Delaware Apartment Association
304 Delaware Street
New Castle, DE 19720