



# ASSOCIATE MEMBERSHIP APPLICATION

NAME OF BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CONTACT: \_\_\_\_\_

TEL: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

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(S) 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  
240 N. James St. Suite 208  
Newport, DE 19804**