



OWNER MEMBERSHIP APPLICATION

PROPERTY OWNER/MANAGEMENT COMPANY:

NAME: _____

ADDRESS: _____

CONTACT: _____

TEL: _____

FAX: _____

EMAIL: _____

WEBSITE: _____

DELAWARE PROPERTY (1)

NAME OF PROPERTY: _____

ADDRESS: _____

CONTACT: _____

TEL: _____

FAX: _____

EMAIL: _____

WEBSITE: _____

TOTAL NUMBER OF UNITS IN DELAWARE: _____

(1) IF THERE ARE ADDITIONAL PROPERTIES/UNITS IN DELAWARE IN WHICH YOU WISH TO APPLY FOR MEMBERSHIP, PLEASE COMPLETE A SEPARATE APPLICATION FOR EACH.

Standard Rate : \$200 per Management Company + \$2.00 per unit.

I HEREBY APPLY FOR MEMBERSHIP AND ENCLOSE MY CHECK IN THE AMOUNT OF \$ _____

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

IT IS UNDERSTOOD THAT 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.

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.