



GENERAL MEMBERSHIP APPLICATION



PROPERTY OWNER/MANAGEMENT COMPANY:

NAME: _____

ADDRESS: _____

CONTACT NAME: _____

TEL: _____ FAX: _____ EMAIL: _____

DELAWARE PROPERTY (1)

NAME OF PROPERTY: _____

ADDRESS: _____

CONTACT NAME: _____

TEL: _____ FAX _____ EMAIL: _____

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.

I HEREBY APPLY FOR MEMBERSHIP AND ENCLOSE MY CHECK IN THE AMOUNT OF \$ _____ MADE PAYABLE TO THE DELAWARE APARTMENT ASSOCIATION, INC.

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: _____