

# Owner/Management Application

Please print or type all information. All SAAA records will be based on the information provided.  
Return application to Darlene: darlene@saaaonline.org or 7525 Babcock Rd., San Antonio, TX 78249



Referred by		
Company Name		Total Units: _____

## MAILING / PHYSICAL ADDRESS

Street Address		
City, State, Zip		

## BILLING ADDRESS (if different than Mailing/Physical)

Street Address		
City, State, Zip		

## BUSINESS INFORMATION

Phone Number	
Fax Number	
Business Email	
Website	
Tax Exempt	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax ID number	

<b>Base Dues</b>	<b>\$200</b>
<b>Unit Dues</b> # of Units _____ x \$3 _____	+ \$ _____
<b>New Member Fee</b> (one time processing charge)	+ \$50
<b>Dues</b>	= \$ _____

## MAIN INDIVIDUAL INFORMATION

Main Contact	
Title / Position	
Email	
Mobile Number	

## COMMUNITY / PROPERTY INFORMATION

Community Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email Address 1 \_\_\_\_\_ Email Address 2 \_\_\_\_\_  
 Website: \_\_\_\_\_

Payment Information	Choose: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/> Check # _____ CC # _____ Exp. Date _____ Sec. Code _____
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Please acknowledge your understanding of the following information by signing below. This application is made in accordance with, and subject to, the bylaws and articles of incorporation of the San Antonio Apartment Association. I agree to abide by the Code of Ethics of the Association. I hereby apply for membership and enclose payment. Make check payable to SAAA. Dues payments to the Association may be deductible as a business expense, but are not deductible as a charitable contribution. A portion of dues, however is not deductible as a business expense to the extent that SAAA engages in lobbying. Dues payments are nonrefundable. Processing of an application takes approximately four weeks. Upon approval by the Board of Directors, new members will be notified and sent a New Member Packet. In the event of termination of membership for any reason, I agree to discontinue use of the Association insignia, products and signs in any form.

Authorized Signature: _____	Date: _____
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