



OFFICE USE	<input type="checkbox"/> Recrng Bill	_____
	<input type="checkbox"/> Inv	_____
	<input type="checkbox"/> Listing & SM update	_____
	<input type="checkbox"/> Pmt Proc'd	_____
	<input type="checkbox"/> E/SM	_____

2019 PTAA Membership Application

Company Name: _____

Contact Name: _____ Referred by PTAA Member: _____

Address: _____

City/State/Zip: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____ Website: _____

Type of Membership	Base	+	Calculation Table	=	Dues
<input type="checkbox"/> Independent Rental Owner, 0-50 Units	\$ 125	+	_____ units x \$3.75 = _____	= \$	_____
<input type="checkbox"/> Independent Rental Owner, 51-149 Units	\$ 175	+	_____ units x \$3.75 = _____	= \$	_____
<input type="checkbox"/> Owner/Operator*	\$ 475	+	_____ units x \$3.75 = _____	= \$	_____
<input type="checkbox"/> Vendor Partner **	\$ 475	+	1x Vendor Partner App Fee \$50	=	\$525

*To prorate dues, divide Total Yearly Dues by 12 and then multiply by the remaining months in the calendar year.
 **This will cover your membership dues through December 31, 2019. The next calendar year's dues will be prorated.

Management Companies: Please duplicate this section for additional communities. Please note, all Piedmont Triad communities in your portfolio must also be members of PTAA. This also ensures that potential NAA/AANC lease usage is not interrupted.

Community Name: _____

Manager: _____

Address: _____

City/St/Zip: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

#of Units: _____ Year built/Last renovation: _____

Conventional
 Student
 Section 8

Vendor Partners: Please list a second contact person and give a brief description of your product/service.

Name: _____

Address: _____

City/St/Zip: _____

Phone: _____ Fax: _____

Email: _____

Preferred Categories for Online Listing (pick any 2):

Company description: _____

Social Media: This information will be included on your online profile. Please provide us with your profile name(s)

FB _____ Twitter _____ LinkedIn _____ Instagram _____ Other _____

Method of Payment

Check Payable
(Piedmont Triad Apartment Association)

Credit Card:
 VISA MasterCard
 AmEx Discover



Name as it appears on card: _____

Card Number: _____

Expiration date: _____ Sec Code: _____

Amount: \$ _____

Card billing address: _____

Signature of cardholder: _____

Dedicated to improving apartment living in the Piedmont Triad.

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Community Name: _____
Manager: _____
Address: _____
City/St/Zip: _____
Phone: _____ Fax: _____
Email: _____
Website: _____
#of Units: _____ Year built/Last renovation: _____
Circle one: Conventional Student Section 8

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