



## NON-PROFIT MEMBERSHIP APPLICATION

COMPLETE THIS FORM AND SUBMIT IT WITH YOUR PAYMENT TO:  
THE APARTMENT ASSOCIATION OF SOUTH CENTRAL WISCONSIN

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Referred by: \_\_\_\_\_

### Method of Payment

Cash (enclosed)

Check payable to AASCW (enclosed)

Credit Card:  Visa  MasterCard

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on Credit Card: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

*I understand that by providing my mailing address, email address, telephone number, and fax number, I consent to receive communications sent by or on behalf of the Apartment Association of South Central Wisconsin via regular mail, email, telephone or fax.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Annual Dues are \$250.00 plus \$75.00 initiation fee for the first year-total \$325.00**

**Return to:** Apartment Association of South Central Wisconsin

Attn: Heather Trainor

702 N High Point Rd, Suite 203

Madison WI 53717

(608) 826-6226 Fax:(608) 826-6236

heather@aacsw.org