



REGULAR MEMBERSHIP APPLICATION

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

Company Name: _____ Owner Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ Fax Number: _____ Home Phone: _____

E-mail Address: _____ Referred by: _____

Years in Rental Housing Industry: _____

Reason for joining? _____

TOTAL UNITS OWNED / MANAGED IN DANE COUNTY _____ TOTAL UNITS OWNED/MANAGED IN JEFFERSON COUNTY _____

TOTAL UNITS OWNED / MANAGED IN IOWA COUNTY _____ TOTAL UNITS OWNED/MANAGED IN ROCK COUNTY _____

TOTAL UNITS OWNED / MANAGED IN SAUK COUNTY _____ TOTAL UNITS OWNED/MANAGED IN GREEN COUNTY _____

TOTAL UNITS OWNED / MANAGED IN COLUMBIA COUNTY _____

TOTAL NUMBER OF UNITS _____ TOTAL NUMBER OF BUILDINGS _____ TOTAL DUES PAID \$ _____

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 have read and understand the Association's Code of Ethics. I agree to abide by the code and I recognize the Association's ability to enforce the code. 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: _____

Legislative representation and participation are invaluable benefits of membership for your rental property business.

To effectively represent each member, the following information is vital.

One form per property. This form can be photocopied or additional forms are available through the Association office.

