



## ASSOCIATE 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: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Category(ies) to be listed under on AASCW's website Membership Directory: \_\_\_\_\_

### 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 \$325.00**

\*Employees-If you have employees that you would like to receive Association mailings, please list their names(s) below.

Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**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@aascw.org