



DUAL 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: _____

Name of Person/Dual Membership: _____

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 \$75 Dual Member fee in addition to your Regular Member fee.

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