



## 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.

