



Apartment Association of Southern Indiana  
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[www.aasievansville.com](http://www.aasievansville.com)

# 2010/2011 APPLICATION FOR AASI ASSOCIATE MEMBERSHIP

**(Payment must accompany application. First year dues are \$300. Second year dues will be pro-rated so membership renewal will be by calendar year.)**

**Firm Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **FAX** \_\_\_\_\_

**Main Office** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Branch Office (if any)** \_\_\_\_\_

**Names of Owner, Partners or Officers of Corporation** \_\_\_\_\_

**Website** \_\_\_\_\_ **E-MAIL Address** \_\_\_\_\_

**Name of persons in your firm to whom communications should be addressed (& addresses if different from above)** \_\_\_\_\_

**What products or services do you provide to the apartment industry?** \_\_\_\_\_

**What audience are you targeting with your product or service?** \_\_\_\_\_

**How long have you been engaged in business in the state of Indiana?** \_\_\_\_\_ **Years**

**Was the firm ever a member of the Apartment Association under the present name or any other name?**  **Yes**  **No**

**If yes, give name (s) of the type of membership and name(s) under which formerly enrolled:** \_\_\_\_\_

This firm certifies that the foregoing statements are true & accurate and agrees if elected to membership that in accepting the privileges it will also accept the obligations of membership; that it will be governed by the by-laws of the Apartment Association of Southern Indiana, Inc. as long as it continues as a member and further agrees to promote the objectives of the association.

**Important Tax Information: Under the provisions included in section 1070(a) of the Revenue Act passed by Congress in December, 1987: 1) Contributions to the AASI are not deductible as charitable contributions for federal income tax purposes. 2) In compliance with Omnibus Budget Reconciliation Act of 1993, 29.5% of membership dues are not deductible as a business expense. 3) For specific guidelines concerning your particular situation, it is recommended that you consult a tax professional.**

*In the event of termination of membership in the Apartment Association of Southern Indiana, Inc., this firm agrees to discontinue the use of the insignia in any form. The applicant whose signature appears below hereby authorizes the Apartment Association of Southern Indiana, Inc. to investigate the history of the past seven years for the purpose of determining approval or disapproval of this membership application.*

**Date** \_\_\_\_\_ **Firm** \_\_\_\_\_

**Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Title** \_\_\_\_\_ **Mailing Address** \_\_\_\_\_

**Recommended for membership by AASI Member/Company** \_\_\_\_\_