



River Region Apartment Association, Inc.

P.O. Box 640422, Pike Road, AL 36064

334.450.1455 (p) / 334.612.7499 (f)

RRAA1972@gmail.com

ASSOCIATE MEMBER APPLICATION FOR MEMBERSHIP

RRAA ASSOCIATE MEMBERS ARE COMPANIES OR CORPORATIONS OPERATING A BUSINESS ALLIED WITH THE MULTI-FAMILY INDUSTRY.
AGENT MUST BE AN OWNER, REPRESENTATIVE OR EMPLOYEE.

Company Name: _____ Telephone # _____ FAX: _____

Business Address: _____ E-Mail _____

Corporate Office Name: _____ Telephone # _____ FAX: _____

Business Address: _____ E-Mail _____

**RRAA---River Region Apartment Association; NAA---National Apartment Association; AAA---Alabama Apt. Assoc.
Dues Formula for all classes of membership below includes dues for RRAA, NAA and AAA Affiliates.**

ASSOCIATE MEMBER

*** \$45 INITIATION FEE TO BE SUBMITTED WITH THIS APPLICATION**

_____ **One Agent**, Annually --- RRAA, AAA, NAA Dues \$295.00
(RRAA \$240, AAA \$25, NAA \$30)

_____ **Two Agents**, Annually --- RRAA, AAA, NAA Dues \$350.00
(RRAA \$295, AAA \$25, NAA \$30)

Company's Agent(s): _____ Title _____

_____ Title _____

Mailing Address _____

E-Mail _____ FAX _____ Phone _____

REFERENCES: (Professional and/or Business)

1. Name _____ Phone _____

Address _____

2. Name _____ Phone _____

Address _____

3. Name _____ Phone _____

Address _____

(Office use)

RECOMMENDED BY THE FOLLOWING THREE RRAA MEMBERS (All three signatures are required)

- 1. /s/ _____ Company _____
- 2. /s/ _____ Company _____
- 3. /s/ _____ Company _____

Only RRAA member agents are eligible to vote during business session of RRAA Meetings.

RRAA FISCAL YEAR.....JANUARY 1 THRU DECEMBER 31

WITH ACCEPTANCE OF APPLICATION, APPLICANT IS NOTIFIED BY RRAA OF ACCEPTANCE. PLEASE ALLOW 30 DAYS FOR APPLICATION PROCESSING. All Dues become payable within ten (10) days of notice from River Region Apartment Association. Invoiced upon request.

This application is submitted to The River Region Apartment Association, Inc., P.O. Box 640422, Pike Road, AL 36064, with complete understanding that applicant waives all claims against The River Region Apartment Association, Inc., or any of its affiliates, officers, or employees, as individuals or as a group, for any official act in connection with this application, particularly as to its acts in approving or failing to approve application, disciplining, or expulsion as a RRAA member. By submission of this application Management Company for RRAA applicant agrees to the affiliation with NAA. Applicant agrees to provide any additional information which the RRAA Board or its designated representative(s) may request.

In applying for this membership I/we agree to abide by the Constitution and Bylaws of The River Region Apartment Association. By signing, the applicant verifies that all statements made are true and correct and authorizes a verification of this application including a credit verification.

Applicant Signature _____ Date _____

CANCELLATION OF MEMBERSHIP MUST BE IN WRITING