



3131 S. Dixie Dr. Suite 300A Dayton, Ohio 45439
 (937) 293-1170 Fax (937) 293-1180
 www.gdaa.org E mail: info@gdaa.org

2012 Application for Associate Membership

Name of Company _____

Address _____

City _____ State _____ Zip _____ Phone _____ Fax _____

Website address _____ Email address _____

Each contact person will be put on our mailing List. Do you want to add Contact people? Yes or No

Contact person _____ Additional Contact _____

Is the address different from the above, if so what is it? _____

If your company sells a product, what is it? _____

If your company provides a service, what is it? _____

- Do you want a free tabletop at an upcoming meeting? YES No
- Do you want to advertise on the GDA website? YES No
- Do you want to advertise in the Update (newsletter)? YES No
- Do you want to advertise in the membership directory? YES No
- Do you plan on having a booth in the next trade show? YES No

Being fully aware of the increasing role of the apartment industry in providing the homes of the future, we wish to do our part, collectively and individually, in helping to provide apartment residing public with the maximum in quality and service upon the highest standards of honesty and integrity. We pledge ourselves to continually aid in the promotion of the apartment industry in order to create a better image of itself so the public may be better served.

In making application, I/we agree abide by the Code of Regulations and By-laws (and all amendments thereof) of the Greater Dayton Apartment Association. In the event of termination of membership in this Association, I/we agree to discontinue immediately to the use of it's insignia.

This payment represents dues in the Greater Dayton Apartment Association for a twelve month period. Membership is subject to approval by the Membership Committee, Board of Directors and General Membership upon publication in the *Update*.

Dues - \$365 per year, plus a \$25 initiation fee for a total of \$390.00
 (Must be included with application)

Check Credit Card (Visa, MC, Amex or Disc)# _____

Exp. Date _____ Security Code _____ Billing Zip Code _____

Street Billing Address _____

Date _____ Signed _____

Sponsored by _____

Membership Committee Approval Date _____ Board of Directors Approval date _____