



**MEMBERSHIP APPLICATION**  
**APARTMENT ASSOCIATION OF CENTRAL OKLAHOMA**  
**FOR OWNERS/MANAGEMENT COMPANIES**



4229 Royal Ave., Suite 201, Oklahoma City, Oklahoma 73108  
 Office (405) 606-AACO (606-2226) Fax (405) 605-6557 E-Mail: aaco@coxinet.net  
 Website: aaconline.org

PLEASE PRINT OR TYPE ALL INFORMATION

Firm To Be Listed \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Contact Name \_\_\_\_\_ Tel. (Business) \_\_\_\_\_

Fax \_\_\_\_\_ Referred by \_\_\_\_\_

Please specify billing address if different from mailing address: \_\_\_\_\_

LIST EACH PROPERTY MANAGED BELOW. Please specify if billing addresses are different from mailing addresses.

No. Units	Name of Property	Address, City, State, Zip	Phone	Fax	Email Address

TOTAL UNITS OWNED OR MANAGED BY FIRM \_\_\_\_\_

(PLEASE LIST ADDITIONAL PROPERTIES WITH INFORMATION ON THE BACK.)

I am applying as an owner or manager of multi-family housing in Central Oklahoma or a resident of Central Oklahoma who owns such housing in other areas, or a licensed Real Estate Broker who manages or operates multi-family condominium housing for others in Central Oklahoma.

BASIC DUES (including State & National)	\$ 150.00
	+ 2.00 per unit up to 1000
	+ 1.50 per unit at 1001
	<u>TOTAL DUES</u>

I hereby certify that the above information is correct this date, and I agree to certify annually hereafter the number of rental units owned and/or managed on the renewal date of my membership. I agree to uphold the Association's Code of Ethics. In the event of termination of membership in the Association for any reason, I agree to discontinue the use of its insignia and any signs in any form.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

FAX LIST  EMAIL LIST

DIRECTORY:  REPORTED TO NAA: