



MEMBERSHIP APPLICATION APARTMENT ASSOCIATION OF CENTRAL OKLAHOMA FOR SUPPLIER MEMBERS



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Website: aacoonline.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 _____

Billing Address: _____

City _____ State _____ Zip _____

I am applying as a vendor/supplier of products and/or services to Central Oklahoma Apartment owners. Such membership shall include licensed Real Estate Broker not qualified under Owner/Manager classifications.

DUES (including State & National) \$ 350.00
Each additional business location (list on back) + 65.00

CATEGORIES FOR MAGAZINE YELLOW PAGES (Three categories with membership, additional \$5.00 per month)

1. _____ 2. _____ 3. _____

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: YELLOW PAGES: REPORTED TO NAA: