

DIRECT MEMBERSHIP APPLICATION

	(Annual Dues Bo		Annual Dues	
	(ased on Number of Units Owned/Ma	inaged)	
Member Type:	☐ Owner/Management Con	npany 🔲 Property		
Management Co	ompany (if applicable)			
Property Name	(if applicable)			
this is the name the	t: Name at will be registered with MAA & NA manager or owner)	ΛA and will receive the regular communicati	ion such as emails and UNITs magazine -	
rimary Contac	t: Email	Email Phone		
Property Addres	SS			
	street	city	zip	
Mailing Address	S			
if different than pro	street operty address - this is the address th	city nat will receive the UNITs magazine)	zip	
Billing Address				
if different than pro	street operty address or mailing address)	city	zip	
	eact: Name is usually the contact name for the m	anagement company if different than the pr	roperty manager)	
Secondary Contact: Email			Phone	
		tement is correct as of this date, and I agree y the By-laws of the Missouri Apartment A		
membersł	nip in this association, I agree to dis	continue immediately the use of its logo, for	orms and all membership services.	
Signature			Date	
ni i i		ment Association (MAA) and mail the che		

404 Tiger Lane Columbia, MO 65203

Thank you,

Anthony Holmes, *Association Executive* anthony@maxcat.com | cell: (573) 228-1105