



West Virginia Apartment Association

Membership Application

6275 Country Club Drive • Huntington, WV 25705

304-417-3704 • Fax: 304-736-8989 • Email: info@wvaahq.org • Website: www.wvaahq.org

Part 1 - Contact Information

Company/Property Name: _____

Contact Person: _____ Title: _____

Company/Property Address: _____

City/State/Zip: _____ Website: _____

Management: _____ Phone: _____ Mobile Phone: _____

Fax: _____ Email: _____

Signature (required): _____

Part 2 – Member Dues

In addition to the below annual dues, all applications incur a one-time processing fee of \$50. Please check the appropriate type of membership and calculate your dues payment below. Dues will be invoiced on a 12-month anniversary date-basis.

Owner/Management Companies:

Whether you are an owner, manager, developer or supplier to the apartment housing industry in West Virginia, the West Virginia Apartment Association provides its members with educational, networking and advocacy resources available to apartment industry professionals.

Member Dues Structure:

- 1 - 65 Units: \$195
- 66 - 130 Units: \$225
- 131 - 180 Units: \$315
- 181 - 799 Units: \$345 plus \$1.25 for every unit
- 800 or more Units: \$515 plus \$1.15 for every unit

Check one: Owner Management Property Developer

Member Dues: \$ _____ Total Number of Units _____ Total Dues Payment \$ _____

Member Dues: \$ _____ + (Total Number of Units _____ x \$1.25/per Unit) = Total Dues Payment \$ _____

Member Dues: \$ _____ + (Total Number of Units _____ x \$1.15/per Unit) = Total Dues Payment \$ _____

Supplier (Product/Service Vendor): An individual or company providing goods to the apartment housing industry.

Supplier Companies Annual Dues:

Annual Base Rate of \$350

Product/Service Provider

Member Dues Rate: \$350 Total Dues \$ _____ + \$50 (One-Time Processing Fee) = Grand Total \$ _____

Part 3 - Method of Payment

Please Check The Appropriate Box:

Check Enclosed (*Please Make Check Payable to **West Virginia Apartment Association***)

Credit Card Type of Card: Visa MasterCard American Express

Amount of Payment (See Part 2 above): \$ _____ + \$50 (One-Time Processing Fee) = Grand Total \$ _____

Card Number: _____ Expiration Date: _____ CVS: _____

Cardholder Name: _____ Cardholder Signature: _____