

APPLICATION FOR AFFILIATION WITH WAA

Appleton . Beloit . EauClaire . FondDuLac . GreenBay . Hudson . Janesville . Kenosha . LaCrosse
Manitowoc . Marinette . Marshfield . Onalaska . Oshkosh . Racine . Waukesha . Wausau . WI Rapids



PO Box 2922, Oshkosh, WI 54903, 920-230-9221 www.WAAonline.org

NAME OF YOUR LOCAL ASSOCIATION: _____

Mail Address: _____ City _____ Sta ____ Zip _____

Ofc Phone: () _____ Fax () _____

Web Address: _____ Year Formed: _____

of Regular Members? _____ representing total # of Units? _____ # of Associate Business Members? _____

Your Fiscal Year runs from _____ to _____

Do you publish a Newsletter? Y / N How often? _____ Emailed / Mailed? _____

Do you accept advertising? Y / N Cost of a 1/8 page ad: _____

OFFICE /STAFF

Name: _____

Cell Phone: () _____ Email: _____

Name: _____

Cell Phone: () _____ Email: _____

OFFICERS

President Name: _____

Cell Phone: () _____ Email: _____

Vice President Name: _____

Cell Phone: () _____ Email: _____

Treasurer Name: _____

Cell Phone: () _____ Email: _____

Secretary Name: _____

Cell Phone: () _____ Email: _____

Membership Chair Name: _____

Cell Phone: () _____ Email: _____

Newsletter Editor Name: _____

Cell Phone: () _____ Email: _____

Legislative Rep Name: _____

Cell Phone: () _____ Email: _____

Other Officer Name: _____ Title: _____

Cell Phone: () _____ Email: _____

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▶▶ PLEASE READ CAREFULLY BEFORE SIGNING ◀◀

By applying for Affiliation with the Wisconsin Apartment Association, the Local association of landlords known by the name of _____, acknowledges the following:

1. That dues are payable to WAA yearly in January at the rate of \$45* x the number of members who remit dues; that dues are payable in advance (*\$45 is 2017 dues – dues may vary in future years);
2. That the Local Association shall willingly support the objectives of the Wisconsin Apartment Association, subscribe to its Code of Ethics, and abide by the rules established by the Board of Directors and the ByLaws of the State Association;
3. That it is the responsibility of the Local Association to supply the WAA office, on an annual basis, with the names and addresses of its members, the number of units each member represents (owns/manages) for legislative purposes, and forwards membership changes, additions and deletions as they occur.

Signed by: _____ Title: _____
(Please Print Name)

Signature: _____ Date: _____