



Associate Member Vendor/Supplier
2019 Membership Application

Date of Application _____ Referred by _____

Company Name: _____

Company Owner (if applicable) _____

Type of Business/Trade: _____

Corporate Office Address _____

City _____ State _____ Zip _____

Corporate Telephone Number _____ Fax Number _____

Email Address _____

Website Address: _____ Facebook Address: _____

Local Representative Contact Information:

Name _____ Title _____

Local Address _____

City _____ State _____ Zip _____

Local Telephone Number _____ Fax Number _____

Email Address _____

Which address and contact would you prefer to be listed in our Directory? Corporate _____ Local Contact _____

List additional email addresses to include in our Email Updates/Marketing (Constant Contact):

Email Address: _____ Email Address: _____

Our Association utilizes all electronic billing. Please provide the contact name and email address where billing should be received.

Contact Name _____ Email Address _____

Phone Number _____

Associate Membership Dues: \$1025.00 Annually

Stay Connected to the Latest News on Networking/Events/State & Local Legislative Support/Education/Discounts

Would you like the GBAA to add your information included in our Email Blasts/Newsletters? _____ Yes _____ No _____

Would you like us to add your local Property Contact Personnel to our Email Blasts/Newsletters? _____ Yes _____ No _____

All Memberships renew automatically on their anniversary date.

Membership Dues are invoiced 60 days in advance of their annual anniversary date.

Dues include membership in the following Associations:

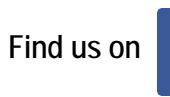
Greater Birmingham Apartment Association, Alabama Apartment Association, National Apartment Association, Greater Birmingham Association of Home Builders, Home Builders Association of Alabama and the National Association of Home Builders.

Remit Payment to: **Greater Birmingham Apartment Association**
5000 Grantswood Rd, Ste 240, Birmingham, AL 35210
Phone 205-533-1644 Fax 205-623-3698 • Email info@gbaa.biz

Check Attached Invoice (due on receipt) Credit Card Number _____ Exp. Date _____
Name on Card (if different than above) _____ Billing Zip Code: _____ Security Code: _____

Signature _____

(If paying by credit card - A 5% credit card convenience fee will be added in addition to membership dues above)
For Office Use Only: GBAA _____ NAA _____ GBAHB _____ C. Contact _____ Directory _____ Member Comm. _____



"Greater Birmingham Apartment Association"