



APPLICATION FOR MEMBERSHIP

Louisville Apartment Association
7400 South Park Place, Suite 1
Louisville, Kentucky 40222
(T) 502-426-6140/(F) 502-426-2148
(E) Info@laaky.com

ANNUAL DUES
Payment must be included with application.
\$350.00
(Second year pro-rated through October 31st. LAA business year.)

*Being acquainted with the purposes of the Louisville Apartment Association,
I/We hereby apply for membership.*

Name of Firm: _____
Firm Representative: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ E-mail: _____

Sponsor/Referred By: _____

Bank Reference: _____

Credit References (please list three)

- 1. _____
- 2. _____
- 3. _____

TYPE OF MEMBERSHIP DESIRED

ASSOCIATE. A vendor of goods and/or services to the Metropolitan Louisville apartment industry. Please list up to three heading types for your products or services as you would like them to appear in the directory:

I hereby certify that the above information is true and correct. I agree to certify annually hereafter the number of rental units owned and/or managed on the renewal date of my membership. In the event of termination or denial of membership in the Association for any reason, I agree to discontinue the use of its insignia and any signs in any form. I further authorize the Louisville Apartment Association or its agents to investigate the above statements. In making this application, I agree to abide by the LAA By-Laws and Code of Ethics and any amendments thereto. I understand that all information will be treated with complete confidentiality.

I understand that by providing my mailing address, email address, telephone number, and fax number, I consent to receive communications sent by or on behalf of the LOUISVILLE APARTMENT ASSOCIATION via regular mail, email, telephone, or fax. If written authorization is not received, I understand that I will only receive communication via regular mail, email or telephone.

Authorized Signature: _____ Date: _____