



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 Website: LAAKY.COM

ANNUAL DUES
Payment must be included with application.

\$295.00 base + \$1.80/unit
(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

REGULAR. An owner or potential owner of multiple family housing in the Metropolitan Louisville area or a resident of the Louisville area who owns such housing in other areas, or license Real Estate Broker who manages or operates multifamily housing for others in the Metropolitan Louisville Area. Please list other persons or apartments to be serviced under your membership (addresses and numbers of units at each location for total number of units listed).

Total # of Units: _____
Addresses of apartments to be included in membership: _____

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: _____