

Membership- Big Country Apartment Association
All of the following information is required

NAME OF BUSINESS: _____

Email address: _____ **TAX ID OR SS#** _____

Apartment Communities must fill out all three of the following applicable sections

_____ **Owner/Management Member** Total number of units _____

Name of Representative _____ Birth date _____

Phone (____) _____ Fax (____) _____ E-mail _____

Mailing address of representative _____

City _____ State _____ Zip _____

Name of Management Co. _____

Phone (____) _____ Fax (____) _____ E-mail _____

Mailing address of management co. _____

City _____ State _____ Zip _____

Name of Owner _____

Phone (____) _____ Fax (____) _____ E-mail _____

Mailing address of owner _____

City _____ State _____ Zip _____

_____ **Product & Supplier Member**

Name of representative _____ Birth date _____

Phone (____) _____ Fax (____) _____ E-mail _____

Mailing address of representative _____

City _____ State _____ Zip _____

Please initial the following

_____ In making this application, we agree to abide by the By-Laws (and all amendments thereof) of the Big Country Apartment Association. In the event of termination of membership of this Association, we agree to immediately discontinue the use of its insignia in any form. The Big Country Apartment Association is an affiliate of the Texas Apartment Association and the National Apartment Association.

_____ It is specifically agreed that the Big County, Texas and National Apartment Associations have permission to send notifications of any type via email or facsimile to the company and/or any company representatives.

_____ I/we understand all **MEMBERSHIP DUES ARE NON-REFUNDABLE AND NON-TRANSFERABLE**

Signature

Date

Please return this form to the BCAA via fax (325) 695-3489, mail to PO Box 7236, Abilene, Texas 79608 or hand deliver to 2449 S. Willis, Suite 207, Abilene, Texas.

Date received by the BCAA _____