



12777 Olive Boulevard,  
St. Louis, Missouri 63141  
Phone (314) 205-8844 Fax (314) 205-1410  
Email - [info@slaa.org](mailto:info@slaa.org) Web Site [www.slaa.org](http://www.slaa.org)

Owner/Management Company  
Membership Application

Company Name \_\_\_\_\_ Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_ Web Site \_\_\_\_\_

What is the exact nature of your business? \_\_\_\_\_

To better serve you, is there a particular reason you are joining SLAA? \_\_\_\_\_

Would you like to join a committee?  Yes  No, not at this time

**Please note: Apartment owners and management companies must list all properties, as well as unit counts for each, that are operated in the St. Louis area or other counties governed by this association. Please copy this page for additional properties if necessary. Thank you!**

**Property Name** \_\_\_\_\_ **Number of Units** \_\_\_\_\_

Contact Name \_\_\_\_\_ Mgmt. Co. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Governing Municipality \_\_\_\_\_

**Property Name** \_\_\_\_\_ **Number of Units** \_\_\_\_\_

Contact Name \_\_\_\_\_ Mgmt. Co. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Governing Municipality \_\_\_\_\_

**Property Name** \_\_\_\_\_ **Number of Units** \_\_\_\_\_

Contact Name \_\_\_\_\_ Mgmt. Co. \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Governing Municipality \_\_\_\_\_

**Please complete the entire application. Please print clearly. Thank you!**

**Dues Structure for Owners/Management Company**

\$200.00 (Base Fee) plus \$2.00/per unit

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**Payment Process – You may pay by check, payable to SLAA or credit card. Mail completed application with payment to the address noted above.**

**Please note – The official percentage of dues that is non-deductible for 2011 income tax purposes is 15%, according to the lobbying deduction provisions allowed.**

\_\_\_\_\_ A check in the amount of \$ \_\_\_\_\_ is enclosed

\_\_\_\_\_ Please use my credit card for payment      \_\_\_\_\_ VISA      \_\_\_\_\_ MasterCard      \_\_\_\_\_ AE

Name on account \_\_\_\_\_ (signature)

Account number \_\_\_\_\_      Expiration Date \_\_\_\_\_

**Please read carefully –**

Privacy –

SLAA uses US Mail, phone, fax and e-mail to notify members about programs, products and services that may benefit its members. Please indicate below the methods in which SLAA can communicate with you and your company.

\_\_\_\_\_ US Mail    \_\_\_\_\_ Fax      \_\_\_\_\_ Phone      \_\_\_\_\_ E-mail

It is agreed that if above company/individual should decide not to renew their membership, a thirty-day (30) written notice will be provided to the Association, prior to membership renewal date.

In making this application, I/We agree to abide by the St. Louis Apartment Association's Bylaws and all amendments thereof. In the event of termination of membership within the Association, I/We agree to discontinue use of its logos, forms, and membership services.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date