

Supplier Membership Application

Please print or type all information. All AAMD Records will be based on the information provided.
Incomplete applications will be returned. Fax completed application to 303-329-0403.



Business Name	Number of Employees (National Total)
Referred By	

ADDRESS	
Street Address	
City, State, Zip	

BILLING ADDRESS (if different from above)	
Street Address	
City, State, Zip	

BUSINESS INFORMATION	
Phone Number	
Fax Number	
Business Email	
Website	
Twitter	
Tax I.D.# / SS#	
Bank	

MAIN INDIVIDUAL INFORMATION	
Main Contact	
Title / Position	
Email	
Mobile Phone	

MEMBERSHIP DIRECTORY & BUYER'S GUIDE LISTING
<p>The AAMD's Annual Membership Directory includes a categorized buyer's guide of our Supplier Members. Two listings are included with your membership. For an exact listing of categories, please see the Buyer's Guide at www.aamdhq.org.</p> <p>1. _____</p> <p>2. _____</p> <p><small>(Additional listings are \$50/each. Please contact the Membership Department for more information on having additional listings).</small></p>

DUES CALCULATION (Effective 10/2014)

Annual Dues <i>(see chart below and fill in number)</i>	\$ _____
Application Fee <i>(one time charge)</i>	+ \$50
1st Year Dues <i>2nd Year Dues will be prorated.</i>	= \$ _____

According to AAMD's bylaws, Supplier Members are required to report the total number of all employees of the company (part-time or full-time) on a national level (if applicable). AAMD requires accurate reporting on employee count and regularly audits these figures.

Number of Employees	Annual Dues
1	\$275
2-3	\$350
4-5	\$400
6-9	\$450
10-14	\$550
15-24	\$600
25-49	\$650
50-100	\$700
101+	\$750

OPTIONAL CONTRIBUTION FOR POLITICAL PURPOSES

Please consider taking a leadership role in our industry by supporting our political involvement. With member support, our industry has taken huge strides to assist in contributing to industry friendly candidates. Additional funds help create a positive and friendly environment for business at the local state and federal levels of government. As our industry grows over the next few years, we will be watched closely by policy makers and are likely to see increased proposed regulations brought forward. We need to replenish funds to maintain our political muscle. Thank you in advance for your contribution.

1st Year Dues	Political Contribution	Grand Total
\$ _____	\$ _____	\$ _____

Payment	CHOOSE: VISA MC AMEX CHECK # _____
	CC#: _____ EXP: _____

Please acknowledge your understanding of the following information by signing below. This application is made in accordance with, and subject to the bylaws and articles of incorporation of the Apartment Association of Metro Denver. I agree to abide by the Code of Ethics of this Association. I hereby apply for membership and enclose payment for the first year's dues (invoice for the prorated portion of the second year's dues will be sent on or around May 1 of each membership year. If applicant chooses to not renew membership in May or June of 2nd year, all membership privileges will be suspended. Make check payable to the Apartment Association of Metro Denver (AAMD). Dues payments to the Association may be deductible as a business expense, but are not deductible as a charitable contribution. A portion of dues, however, is not deductible as a business expense to the extent that AAMD engages in lobbying. The nondeductible portion of dues is 20%. Dues payments are nonrefundable. Processing of an application takes approximately four weeks. Upon approval by the Board of Directors, new members will be notified and sent a New Member Packet. In the event of termination of membership for any reason, I agree to discontinue use of the Association insignia, products and signs in any form. Member hereby acknowledges and agrees that any account that becomes delinquent will be subject to collections service. Customer agrees to pay all court costs and reasonable attorney fees for collection of all past due amounts including late charges, special order charges, plus interest thereon at 18% (eighteen percent) per annum on all such amounts outstanding.

Authorized Signature	DATE:
Print Name	