  

P.O. BOX 631280 NACOGDOCHES, TX 75963-1280 ae@pwaa.net \*\*\*\* 936-552-4903 \*\*\*\*\*\* [www.pwaa.net](http://www.pwaa.net/)

Serving these Counties

**ANGELINA**, **NACOGDOCHES**, **HOUSTON**, **POLK**, **SABINE**, **SAN AUGUSTINE**, **SHELBY**, and **TRINITY**

*All applications for membership must be accompanied with Payment for the first year’s dues. Second year will be prorated.*

**PLEASE FILL IN ALL INFORMATION CLEARLY**

**PROPERTY or COMPANY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OWNER NAME(S) MANAGEMENT COMPANY NAME CONTACT NAME PROPERTY MANAGER PROPERTY ADDRESS**

**City, State, Zip Code**

**BILLING ADDRESS**

**City, State, Zip Code**

**CONTACT PHONE FAX NUMBER EMAIL**

**WEB SITE** [**http://www.**](http://www/) **PWAA Member who Recommended / Referred you:** *By providing Fax Number and/or Email address, you authorize PWAA to send unsolicited information.*

**Membership Classifications:** *(membership year from January 1st to December 31st; 2nd year will be prorated per date application is received)*

***Please Select One of the Following:***

**OWNER MEMBER:** An Owner, or Potential Owner of Multi-Family Housing, or a Management Company, Broker, or Locator service who manages/operates Multi-Family Housing in any of the above listed counties.

**For 24 or Fewer Units**: Basic Rate - $175.00 - Number of Units \_\_\_\_\_\_\_\_\_

**For 25 + Units:** Basic Rate + ( Per Unit Fee x # of units) = Total Annual Dues

*example - $175 + ($1.75 x 88 ) = $329 Annual Dues*

# Unit Count: ( x $1.75) + $175 = $ Annual Dues

Note: Management Company with more than one property listed on the membership application will be assessed a $25 site fee for the additional location.

**PRODUCT SERVICE MEMBER** (*Business Development Partner*): A Company who sells Goods or provides Services to any Multi-Family Housing Owner, Management Company, Broker, or Locator Service within the above listed counties

**BASIC RATE:** $250.00 ONE-YEAR MEMBERSHIP

# Applicant Signature Date

By affixing your name to this document, you agree to the terms and conditions of this application. Processing will begin upon receipt of Annual Dues; second year will be prorated. If you have any questions, comments, concerns or complaints, please contact the Association Executive.

*For Association Executive Use Only*

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PWAA ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TAA Contact ID: #

TAA Property ID: #

NAA ID: #