



P.O. BOX 631280 NACOGDOCHES, TX 75963-1280
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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.> _____

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

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: _____

PWAA ID: # _____ TAA ID: # _____ NAAID: # _____

Payment Method: ___ Cash ___ Check (Number _____) ___ Money Order