



Member Name: _____ **Title:** _____
Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____
Physical Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone Number: _____ **Fax Number:** _____
Company: _____
E-Mail Address: _____
Website Address: _____
Business Type: _____ **#of Properties:** _____ **Total Units:** _____

*Members will be automatically enrolled in the BCAA E-Newsletters

Check Member Category

- **Associate/Trade Member:** Open to a person or business that provides products and/or services to the multifamily housing industry.
- **Property Manager:** Open to an owner or manager of a single property.
- **Management Company Member:** Open to an owner or manager of more than one property.

Annual Membership Investment Formula

- **Associate/Trade Member:** \$235.00
- **Property Manager Annual Investments:** \$100.00 Plus \$0.75 per unit
 Total Units: _____ x \$0.75= _____ + \$100.00 = _____
 Annual Dues: _____
- **Management Company Member:** Annual Investment: \$100.00 plus \$50.00
 Per property (50 or more units) plus \$0.75 per unit. (Note : any managed properties that already have "property members" are excluded from this calculation)
[Properties (50 or more units): _____ x \$50.00= _____] + [Total units: _____ x \$0.75= _____] = _____
 Annual Dues: _____

All new members will pay a one --- time application processing fee of \$35.00

****Your membership with the Beaufort County Apartment Association includes membership with the NAA. Thirty dollars of your annual membership dues will go towards a one year subscription to Unit magazine and is non-deductible form association dues payment****

Payment Options

Check

(Please make checks pay able to Beaufort County Apartment Association)

In applying for this membership, I/we agree to abide by the by laws of Beaufort County Apartment Association.

Applicant Signature:_____Date:_____

Membership Committee Information

Sponsoring Member:_____Date of Application:_____

Membership Committee Representative:_____

Date of Board Approval:_____

Request pick up or mail completed application and payment to:

**LAA, P.O. Box 6174, Beaufort, SC 29903
P: 843-605-4441**