



# Membership Enrollment

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## **Membership Fee Schedule**

Owner/Manager Membership:    Number of Units \_\_\_\_\_ @ \$5.00 per unit = \$\_\_\_\_\_

Vendor/Associate Membership:    \$250.00

## **Make checks payable to:**

Heartland Apartment Association

P.O. Box 30097

Kansas City, MO 64112

Return portion below with remittance

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Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact City: \_\_\_\_\_

Contact State: \_\_\_\_\_

Contact Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Company/Property Name: \_\_\_\_\_

Company/Property Address: \_\_\_\_\_

Company/Property City: \_\_\_\_\_

Company/Property State: \_\_\_\_\_

Company/Property Zip: \_\_\_\_\_

Company/Property Phone: \_\_\_\_\_

Number of Units: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_