



Membership Enrollment

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

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: _____