

Membership Application
Souris Valley Apartment Association
PO Box 3043 Minot, ND 58702

Name:

Company Name:

Address:

City:

State:

Zip:

Phone #:

Cell Phone: .

Email/Web Address:

Designations: CAM CAMT NALP Other

GENERAL MEMBER - those who own/manage rental units:

Please fill out and mail with check:

Dues:

\$105.00 Plus Number of Units _____ x .54 cents = \$

ASSOCIATE MEMBER - advertisers:

Dues:

\$75.00 Includes membership in State and Local association

By signing, I/we agree to abide by the Code of Ethics (and all amendments thereof) of the North Dakota Apartment Association and the National Apartment Association. In the event of termination of membership in , I/we agree to discontinue immediately the use of insignias, forms or signs used by any or all of the Apartment Associations. I certify that the amount of units reported is correct .

Signature: _____

Date: _____