



2017 Membership Application Form

Congratulations on your decision to become a member of the New Jersey Apartment Association! Please complete the form below.

Once this application is received by our office we will begin processing it within 24 hours. You will be contacted by an association staff member to let you know that we have started you on the road to membership.

Every Friday all new applications are sent to the Membership Committee for approval. Approvals must be returned to NJAA staff by the following Wednesday. At that time you will be contacted again to notify you of your membership status.

The final step in the application process is emailing you a packet of valuable information and resources that will guide you through the next phase of your membership journey. This packet will include education, legislative, and event information.



To learn more about the benefits of membership or if you have any questions regarding your membership status, please contact Membership Services at membership@njaa.com or call (732) 992-0600.

104 Interchange Plaza, Suite 201, Monroe Township, NJ 08831 Phone: 732-992-0600 Fax 609-860-0060

PROPERTY OWNER MEMBERSHIP

Owners and Managers of rental housing

Company: _____ Principal Name: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Fax: _____

Email: _____ Website: _____

First Year Annual Dues: \$2.50/unit for new owners (\$350.00 Minimum)

_____ Total Units x \$2.50 each = \$ _____ (Please complete payment info and property listing on reverse)
Total Due

After the first year of membership, NJAA owner member dues are based upon the scale of \$3.50 per unit for the first 1,500 units; \$2.50 per unit for the next 1,500 units; \$2.00 per unit above 3,000 units and \$.50 per unit above 10,000 units. (After July 1st Dues will be prorated for 2016 and you will also be assessed and billed 2017 dues. Both current and following year dues must be paid at time of joining)

MUNICIPAL AGENCY MEMBERSHIP

Municipality: _____ Contact Name: _____

Mailing Address: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Website: _____

Annual Dues: \$350.00 per calendar year. (\$500.00 after July 1st which includes current and following year)

As a condition of acceptance to NJAA, the undersigned agrees to adhere to the NJAA Bylaws and Code of Ethics and warrants information provided in this application are true and complete. I further agree that membership must be for **all my properties and units in NJ** and the following is a full and complete listing of those properties and units. NJAA Bylaws and Ethics can be found on www.njaa.com. Your membership in the NJAA includes membership in the National Apartment Association and contact information is shared between the entities. Twenty-eight (\$28) dollars of your annual membership dues goes toward a one-year subscription to Units magazine and is non-deductible from association dues payment

I agree to the following terms and conditions: _____
Signature

NJAA POLITICAL ACTION COMMITTEE

NJAA Members participate in the grassroots NJ Apartment Association Political Action Committee (*NJAA PAC*), a registered political action committee that advocates on behalf of the multi-family housing industry. Contributions to *NJAA PAC* are used on a bi-partisan basis to support candidates who support the goals of the apartment industry and issues that affect the quality of rental housing in NJ. *NJAA PAC* is a state PAC registered with the NJ Election Law Commission. To contribute, please make checks payable to *NJAA PAC*

FOR PROPERTY OWNER MEMBERSHIP

Property Listing information

Please complete the following for each of your properties. If additional space is needed, please provide in same format.

● Property Name _____ Type of Units: Market Rate (Including Section 8 Vouchers)
Is this a Senior Building? Yes No 100% Affordable (Subsidized/Deed Restricted)
Property Height: Low-Rise (1-3) Mid-Rise (4-6) High-Rise (7+) Mixed (Contains both Market Rate & Affordable Units)
Number of Units _____ Military Student
Mailing Address _____ Rent Controlled
City _____ State _____ Zip Code _____ Mixed Use (transit communities, retail, etc.)
Phone _____ Fax _____ Year Built _____
On Site Contact (1) _____ On Site Contact (2) _____
Title _____ Title _____
E- Mail _____ E- Mail _____

● Property Name _____ Type of Units: Market Rate (Including Section 8 Vouchers)
Is this a Senior Building? Yes No 100% Affordable (Subsidized/Deed Restricted)
Property Height: Low-Rise (1-3) Mid-Rise (4-6) High-Rise (7+) Mixed (Contains both Market Rate & Affordable Units)
Number of Units _____ Military Student
Mailing Address _____ Rent Controlled
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Phone _____ Fax _____ Year Built _____
On Site Contact (1) _____ On Site Contact (2) _____
Title _____ Title _____
E- Mail _____ E- Mail _____

PAYMENT INFORMATION

Please make checks payable to **NJAA** or authorize Credit Card payment as follows:

Visa MasterCard American Express

Card Number _____ Security Code _____ Exp _____
Cardholder Name _____ Address _____
City _____ State _____ Zip Code _____
Phone _____

Signature _____ Date _____

How did you hear about us? _____