

LAWRENCE APARTMENTS ASSOCIATION, INC.  
P.O. Box 189  
Lawrence, Kansas 66044  
Lawrenceapartmentassociation.com  
info@lawrenceapartmentassociation.com



Please check the type of membership that applies & fill in the requested information:

**Management company** (If your membership is on behalf of apartment complex(es) that you manage, please give the name(s) of the apartment complexes and the number of units of each where requested later in this form.)

\_\_\_\_\_  
Name of Management Company

\_\_\_\_\_  
Name of person who should be sent information and Meeting Notices

\_\_\_\_\_  
Mailing Address

phone: \_\_\_\_\_

fax: \_\_\_\_\_

e-mail address: \_\_\_\_\_

**Apartment complex** (through its Owner or its own management)

\_\_\_\_\_  
Name of apartment complex(es)

\_\_\_\_\_  
Name of person who should be sent information and Meeting Notices

\_\_\_\_\_  
Mailing Address

phone: \_\_\_\_\_

fax: \_\_\_\_\_

e-mail address: \_\_\_\_\_

**Owner of rental units** (or other person interested in apartment management issues)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name of person who should be sent information and Meeting Notices (if other than person listed above)

\_\_\_\_\_  
Mailing Address

phone: \_\_\_\_\_

fax: \_\_\_\_\_

e-mail address: \_\_\_\_\_

**DUES CALCULATOR**

Please list name(s) apartment complex(es) and number of units in each where indicated below:

Apartment Complex(es)	# of units
_____	_____
_____	_____
_____	_____
_____	_____

**\$150 for 1-50 units**      **Total Units** \_\_\_\_\_

**\$3.00 for each additional unit over 50**      **Dues Owed:**      \$ \_\_\_\_\_

Make check payable to "Lawrence Apartments Association, Inc."  
**PLEASE MAIL FORM AND PAYMENT OF DUES TO:**  
**Lawrence Apartments Association, Inc.**  
**P.O. Box 189**  
**Lawrence, KS 66044-0189**