

Lawrence Apartment Association
Non-Voting Associate Membership Application

I do hereby apply for Non-Voting Associate Member status within the Lawrence Apartment Association.

Name of Company or Association _____

Contact Person _____

Address _____

City _____ **State** _____ **Zip Code** _____

Telephone _____ **Fax** _____

E-mail _____

Website URL _____

Year Business Founded _____

General Description of Company Business: _____

General Reason for Wanting to Become a Non-Voting Associate Member of LAA: _____

In making this application, I understand and acknowledge that the Lawrence Apartment Association is relying in full upon the information provided herein.

Printed Name: _____

Date: _____

Signature: _____

Title: _____

Return Application and Payment to:
Lawrence Apartment Association, Inc.
P.O. Box 189
Lawrence, KS 66044-0189
Info@lawrenceapartmentassociation.com
Lawrenceapartmentassociation.com

Annual Dues: \$250.00