



APPLICATION FOR MEMBERSHIP – SUPPLIER PARTNER

Company Name: _____

Contact: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Local Contact: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ (ALL INVOICES ARE EMAILED)

Web: _____

Please indicate under which heading you want your business listed to advertise the products and services you provide.

(Please include your business card with application)

Annual Dues - \$275.00

Plus a One Time Processing Fee \$75.00 for all new service partners

Total Due for Service Partner Membership \$350.00

Your annual investment includes a \$5.00 per year subscription to the Texas Apartments Magazine

Membership will automatically renew on a yearly basis unless you provide written notice of non-renewal 60 days prior to your membership renewal date.

Print or Type Name of Applicant: _____ Title: _____

Signature of Applicant: _____ Date: _____

Referred by: _____ Company: _____

Make Check payable to: El Paso Apartment Association
Return Application & payment to: 5730 E. Paisano Dr.
El Paso, TX 79925-3338

Office: (915) 598-0800 **Fax:** (915) 887-0767
Email: Office@epaa.org www.epaa.org

For EPAA Use Only

Amount Received \$ _____ Date _____

Invoice # _____ Check # _____

Credit Card Confirmation # _____

QB _____ EM _____ BC _____ PS _____