



Membership Form

Name: _____

Complex/Business: _____

Address: _____

Business Phone: _____

Fax: _____

Email: _____

Types of Membership:

_____ Owner/Manager of Residential Rental Property

_____ Vendor

Membership dues:

_____ Owner/Manager
Base Fee \$90.00 plus the
Number of Units _____ X \$2.25 = _____

Total membership dues _____

_____ Associate Member \$150.00

Please make check payable to the **Mid-Missouri Apartment Association** and send to:

Jana Millard, President
Mid-Missouri Apartment Association
839 Southwest Blvd.
Jefferson City, MO 65109

If questions, please call Jana @ 573-635-0613. Thank you!