

## Property Owners and Managers - Membership Application

## **Applicant Information:**

Company Name		
Contact Person's Name:		
Title:		e-mail:
Telephone	Mobile	Fax:
Address:		<u>.</u>
City:	Province: _	Postal Code:
Reference:		
We ask all prospective members	to provide an industr	y reference.
Company:		
Address:		
Contact's Name:		Contact's Title
Contact's email		Telephone:
How did you hear about the GTA	A?	
Annual Fee Schedule:		
Regular Membership – Pro	operty Owners and Pr	operty Managers
Minimum §	\$2 per suite up to 5000 suites, \$1 per suite thereafter Minimum \$325 (plus 15% PAC fee and HST) Membership runs from July 1 to June 30 <sup>th</sup>	
Number of Suites Owned/M	anaged	
annual membership fee establish that if the number of units that I/N	ned by the GTAA Boa ve hold changes durir gly. By joining the GT	oronto Apartment Association and agree to pay the rd of Directors on the units declared above. I agree to get the year, I/we will notify the GTAA in writing and TAA, we understand and consent to our contact
Signature		Date
		Jpjohn Road, Suite 103, Toronto, ON, M3B 2V9

to info@gtaaonline.com, or fax to 416-385-8096