REGULAR MEMBERSHIP APPLICATION FORM



Property Owners and Managers Membership Application

COMPLETE ALL FIELDS

Applicant Informa	ition:	
COMPANY NAME:		
CONTACT PERSON'S NAME:		
TITLE:	E-MAIL:	
TELEPHONE:	MOBILE:	FAX:
ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
Reference: We ask all	prospective members to provide an industry	reference.
COMPANY:		
ADDRESS:		
CONTACT'S NAME:	CONTACT'S TITLE:	
CONTACT'S EMAIL :	TELEPHONE:	
HOW DID YOU HEAR ABOUT THE	GTAA?	
Annual Fee Sched	ule: Regular Membership – Property	y Owners and Property Managers
	Number of Suites Owned/Managed	
	■ \$2 per suite up to 5000 suites	
	 Minimum \$325 (plus 15% PAC 	,
	Membership runs from July 1	to June 30th
established by the GTAA Boaduring the year, I/we will not	rd of Directors on the units declared above. I	ssociation and agree to pay the annual membership fee agree that if the number of units that I/we hold changes justed accordingly. By joining the GTAA, we understand embers.
SIGNATURE:		DATE: