APRA
Albany Property Rights Advocates

MEMBERSHIP FORM (one form per ownership entity)

Name:	Company:
Ownership Type:	☐ LLC/LLP ☐ Corporation ☐ Partnership ☐ Individual/TIC

Mailing Address: *(please no P.O. Boxes)*	City:	State:	ZIP:
Preferred Phone:	**Email:**		

Property Address:	# of Units	Owned or Managed?

Membership:

Albany Rental Property Owners:

☐ Total number of units owned.

Annual dues (check one): ☐ 1-4 units $25 ☐ 5-9 units $50 ☐ 10+ units $75

☐ (Optional) **Please assign my voting rights to:** _____

Non-Albany Rental Property Owners Only (e.g., Brokers, Insurance Agents, etc.):

☐ Associate Membership $25

Additional Information:

☐ I am interested in exploring volunteering to help and/or being a member of the board; please contact me.

How did you hear about us? _____

Signature:	Date:

Please make all checks payable to "APRA" and mail application and check to P.O. Box 6466, Albany, CA 94706

The Albany Property Rights Advocates (APRA) is a 501(c)(6) nonprofit organization. Please note, we recommend that you seek the advice of your accountant to determine if your dues may be deductible as a business expense. By Joining, I certify that I have been given an opportunity to read the By-Laws and any other governing documents of APRA and have satisfied myself as to their form and content and will remain knowledgeable of them as a member. Furthermore, I certify that I have provided APRA with accurate information and I acknowledge that in order to receive full rights of membership I will at all times keep my personal and property information current with APRA. Finally, in any event that I am authorized to act on behalf of APRA or hold myself out as part of its membership, I will act in a professional manner and not make any statements or take any actions that contravene the purposes of this membership.

www.albanypropertyrights.org

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