LAWRENCE APARTMENTS ASSOCIATION, INC. P.O. Box 189 Lawrence, Kansas 66044 Lawrenceapartmentassociation.com info@lawrenceapartmentassociation.com Please check the type of membership that applies & fill in the requested information:				
□ Management company (If your membership is on behalf of apartment complex(es) that you manage, please give the name(s) of the apartment complexes and the number of units of each where requested later in this form.)	Apartment complex (through its Owner or its own management)         Name of apartment complex(es)	Owner of rental units (or other person interested in apartment management issues)		
Name of Management Company           Name of person who should be sent           information and Meeting Notices	Name of person who should be sent information and Meeting Notices	Name of person who should be sent information and Meeting Notices (if other than person listed above)		
	Mailing Address	Mailing Address		
Mailing Address phone: fax: e-mail address:	fax: e-mail address:	phone: fax: e-mail address:		

## **DUES CALCULATOR**

Please list name(s) apartment complex(es) and number of units in each where indicated below:

Apartment Complex(es)		<b>#</b> of units
\$150 for 1-50 units	<b>Total Units</b>	<u> </u>
\$3.00 for each additional unit over 50	Dues Owed:	\$
Make check payable to "La	awrence Apartments	s Association, Inc."
PLEASE MAIL FORM	I AND PAYMENT	<u> OF DUES TO</u> :
Lawrence Apa	rtments Association	on, Inc.
P	P.O. Box 189	

Lawrence, KS 66044-0189