

MEMBERSHIP APPLICATION

CONTACT INFORMATION - Name of property owner: (per land titles office). Please check the appropriate box.

<input type="checkbox"/> PERSONAL OWNERSHIP	<input type="checkbox"/> CORPORATE OWNER	<input type="checkbox"/> LICENSED PROPERTY MANAGER
_____	_____	_____
HOME PH #:	CELL PH #:	OFFICE PH #:
_____	_____	_____
FAX PH #:	_____	_____
_____	_____	_____
MAILING ADDRESS	CITY	PROVINCE
_____	_____	_____
POSTAL CODE	_____	_____

PRIMARY CONTACT:

_____	_____	_____	_____
FIRST NAME	LAST NAME	POSITION	EMAIL ADDRESS
_____	_____	_____	_____
MAILING ADDRESS	CITY	PROVINCE	POSTAL CODE

ADDITIONAL CONTACTS:

1	_____	_____	_____	_____
	FIRST NAME	LAST NAME	POSITION	EMAIL ADDRESS
	_____	_____	_____	_____
	BUSINESS PH #:	CELL PH #:	RESIDENCE PH #:	FAX PH #:
2	_____	_____	_____	_____
	FIRST NAME	LAST NAME	POSITION	EMAIL ADDRESS
	_____	_____	_____	_____
	BUSINESS PH #:	CELL PH #:	RESIDENCE PH #:	FAX PH #:
3	_____	_____	_____	_____
	FIRST NAME	LAST NAME	POSITION	EMAIL ADDRESS
	_____	_____	_____	_____
	BUSINESS PH #:	CELL PH #:	RESIDENCE PH #:	FAX PH #:

COMPANY PRINCIPALS (must be completed by Corporate Owners only)

_____	_____	_____	_____
NAME	POSITION	PH #	EMAIL
_____	_____	_____	_____
NAME	POSITION	PH #	EMAIL

How did you hear about BCAOMA? (circle one) Flyer Radio Newspaper Television Internet Word of mouth

REFERRED BY:

OTHER:

I/We hereby apply for membership with the BCAOMA. I/We are the registered owner/licensed property manager representing the residential rental properties listed below. I/We agree to provide a list of residential rental properties owned or managed in BC by the applicant and further agree to update this information when changes occur.

<input type="checkbox"/> TOTAL BUILDINGS	<input type="checkbox"/> TOTAL UNITS
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THE INFORMATION ON BUILDINGS AND UNITS IS USED FOR LOBBYING ON BEHALF OF THE MEMBERS. BY KNOWING THE NUMBER OF BUILDINGS AND UNITS REPRESENTED BY AN MLA PROVIDES THE TOOLS AND SUPPORT TO MEET WITH THE MLA'S TO VOICE THE ISSUES AND CONCERNS OF RENTAL PROPERTY OWNERS. THIS INFORMATION IS EXTREMELY IMPORTANT TO CONTINUE THE LOBBY EFFORTS OF YOUR ASSOCIATION

1 RENTAL PROPERTY LISTINGSTYPE OF RENTAL APARTMENT CONDO DUPLEX HOUSE OTHER

BUILDING	NAME	BUILDING	ADDRESS	CITY	PROVINCE	POSTAL CODE
<input type="text"/>	NUMBER OF UNITS	<input type="text"/>	NUMBER OF FLOORS		<input type="text"/>	ELEVATOR (Y / N)
					<input type="text"/>	MAGAZINE COPY (Y / N)

RESIDENT MANAGER'S NAME PURCHASING AGENT/MGR'S NAME PROPERTY MANAGER'S NAME

CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER

EMAIL ADDRESS EMAIL ADDRESS EMAIL ADDRESS

DO YOU WISH TO ENLIST IN ANY OF THE FOLLOWING VENDOR PROGRAMS? GAS PROGRAM WASTE DISPOSAL INSURANCE **2 RENTAL PROPERTY LISTINGS**TYPE OF RENTAL APARTMENT CONDO DUPLEX HOUSE OTHER

BUILDING	NAME	BUILDING	ADDRESS	CITY	PROVINCE	POSTAL CODE
<input type="text"/>	NUMBER OF UNITS	<input type="text"/>	NUMBER OF FLOORS		<input type="text"/>	ELEVATOR (Y / N)
					<input type="text"/>	MAGAZINE COPY (Y / N)

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CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER

EMAIL ADDRESS EMAIL ADDRESS EMAIL ADDRESS

DO YOU WISH TO ENLIST IN ANY OF THE FOLLOWING VENDOR PROGRAMS? GAS PROGRAM WASTE DISPOSAL INSURANCE **3 RENTAL PROPERTY LISTINGS**TYPE OF RENTAL APARTMENT CONDO DUPLEX HOUSE OTHER

BUILDING	NAME	BUILDING	ADDRESS	CITY	PROVINCE	POSTAL CODE
<input type="text"/>	NUMBER OF UNITS	<input type="text"/>	NUMBER OF FLOORS		<input type="text"/>	ELEVATOR (Y / N)
					<input type="text"/>	MAGAZINE COPY (Y / N)

RESIDENT MANAGER'S NAME PURCHASING AGENT/MGR'S NAME PROPERTY MANAGER'S NAME

CONTACT NUMBER CONTACT NUMBER CONTACT NUMBER

EMAIL ADDRESS EMAIL ADDRESS EMAIL ADDRESS

DO YOU WISH TO ENLIST IN ANY OF THE FOLLOWING VENDOR PROGRAMS? GAS PROGRAM WASTE DISPOSAL INSURANCE **IF YOU HAVE MORE THAN THREE BUILDINGS, PLEASE LIST THE REMAINING ON THE ADDITIONAL BUILDING LISTING**

Your membership includes one complimentary copy of the quarterly 'Apartment Investor' magazine. We suggest members order an additional copy of the magazine for each resident manager. The cost is a nominal \$24.00 annually and has proven to be an excellent resource for front-line staff. Initial here if you would like each manager to receive a copy or select specific managers to receive a copy.

CORPORATE MEMBER DESIGNATION (must be completed by Corporate Owners Only)

AS A CORPORATE MEMBER AND IN ACCORDANCE WITH BCAOMA BY-LAWS, WE DESIGNATE _____ (PRINT NAME) AS OUR REPRESENTATIVE AND CONFIRM HE/SHE IS A DIRECTOR/REGISTERED OWNER. (CIRCLE ONE) YOU MAY CHANGE YOUR REPRESENTATIVE BY SENDING WRITTEN NOTICE TO BCAOMA. NO MEMBER MAY, AT ANY TIME, HAVE MORE THAN ONE REPRESENTATIVE.

ENCLOSE THE FOLLOWING WITH YOUR APPLICATION

1. PROOF OF OWNERSHIP
 - a. A COPY OF ONE OF THE FOLLOWING FOR EACH PROPERTY LISTED ABOVE
 - i. ASSESSMENT NOTICE OR 'PAID TAX BILL OR
 - ii. LAND TITLES DOCUMENT
 - iii. BUSINESS LICENSE OR
 - iv. LEGAL DOCUMENT
2. CERTIFICATE OF INCORPORATION (CORPORATE OWNER)
3. ANNUAL REPORT OF DIRECTORS
4. PAYMENT

MEMBERSHIP DUES STRUCTURE – 2012 CATEGORY PRICING

SEE ATTACHED MEMBERSHIP PRICING SHEET

ALL APPLICATIONS ARE CHARGED A \$25.00 PROCESSING FEE.

PAYMENT OF DUES MUST BE MADE TO COMMENCE MEMBERSHIP.

APPLICATIONS RECEIVED AFTER JUNE 30 WILL BE PRO-RATED ON A MONTHLY BASIS ON THE CURRENT YEAR'S DUES AND FOR THE FULL FOLLOWING YEAR'S MEMBERSHIP FEE FOR THE MEMBER CATEGORY.

MEMBERSHIP DUES ARE NON-REFUNDABLE BUT ARE TRANSFERABLE SHOULD THE PROPERTY BE SOLD, THE NEW OWNER MAY CONTINUE FOR THE REMAINDER OF THE YEAR AS LONG AS THE PROPERTY CONTINUES TO BE A RENTAL PROPERTY.

MEMBERSHIP IS BASED ON THE CALENDAR YEAR. MEMBERSHIP INVOICES ARE SENT THE FIRST WEEK OF NOVEMBER TO ALLOW FOR 60 DAYS TO PAY BEFORE MEMBERSHIPS EXPIRE AT MIDNIGHT DECEMBER 31.

METHODS OF PAYMENT

PLEASE SUBMIT YOUR PAYMENT WITH THIS APPLICATION AND INDICATE YOUR CHOICE OF PAYMENT.

CHEQUE ENCLOSED FOR MEMBERSHIP DUES, PLUS \$25.00 APPLICATION FEE. (MEMBERSHIP IS HST EXEMPT)

CHARGE MY CREDIT CARD FOR MEMBERSHIP DUES PLUS \$25.00 APPLICATION FEE. (MEMBERSHIP IS HST EXEMPT)

CARD NUMBER _____ EXPIRATION _____ / _____

NAME AS IT APPEARS ON CARD _____

SIGNATURE _____

I/WE HAVE READ AND AGREE TO ABIDE BY THE CODE OF ETHICS AS ADOPTED BY THE BCAOMA AND FURTHER ACKNOWLEDGE THE IMPORTANCE OF THE ASSOCIATION'S REPUTATION IN THE RENTAL INDUSTRY AS A WHOLE. I/WE AGREE TO PAY ANNUAL MEMBERSHIP DUES IN ACCORDANCE WITH THE CHART ON THIS FORM. *ALL APPLICATIONS ARE SUBJECT TO BOARD APPROVAL.

DATE: _____ Signature of Director/Registered Owner _____

CODE OF ETHICS

- ◆ MEMBERS SHALL ABIDE BY THE CONSTITUTION, BY-LAWS AND POLIES OF THE ASSOCIATION.
- ◆ MEMBERS SHALL AIM TO PROVIDE ACCOMMODATION IN WHICH DUE REGARD HAS BEEN GIVEN TO THE COMFORT, CONVENIENCE AND PRIVACY OF THE TENANTS AND TO THE AMENITY OF COMMON AREAS.
- ◆ MEMBERS SHALL BE GUIDED BY THE CONCEPT OF MUTUAL RESPECT BETWEEN LANDLORD AND TENANT AND ACT IN A MANNER THAT MERITS RESPECT IN DEALING WITH ANY COMPLAINTS, CONCERNS OR PROBLEMS BROUGHT TO THEIR ATTENTION.
- ◆ MEMBERS SHALL CONSIDER THE EFFECT OF THEIR ACTION ON THE PUBLIC ATTITUDE TO THE RENTAL INDUSTRY AS A WHOLE AND ENDEAVOUR TO MAINTAIN CORDIAL RELATIONS WITH THEIR TENANTS.
- ◆ MEMBERS SHALL CO-OPERATE WITH THE ASSOCIATION IN PROVIDING AN EXCHANGE OF INFORMATION FOR THE BENEFIT OF GOOD LANDLORD AND TENANT RELATIONS.
- ◆ MEMBERS SHALL ENDEAVOUR TO BE AWARE OF MUNICIPAL, PROVINCIAL AND FEDERAL LEGISLATION PERTAINING TO BUILDINGS WITH RESIDENTIAL TENANCIES, AND AGREE TO COMPLY HEREWITH WITH DUE ALLOWANCE TO EXCEPTIONS, SUCH AS, BUILDINGS ORIGINALLY BUILT TO CODE WHICH NO LONGER CONFORM.
- ◆ MEMBERS SHALL BE GUIDED BY THE 'RESIDENTIAL TENANCY ACT'.

DATED: _____ SIGNATURE: _____

PLEASE SIGN AND RETURN THIS COPY FOR OUR RECORDS AND KEEP THE FOLLOWING COPY FOR YOUR FILES.

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2012 MEMBERSHIP RATES

RATE CODE	UNIT FROM	UNIT TO	BASE RATE	PER SUITE	PER SUITE	Note
AFMC	0	0	\$140.00			Flat fee Affiliate rate
AMFC	0	0	\$475.00			Flat fee Associate rate
MD01	1	5	\$125.00			FLAT FEE \$125.00 1-5 UNITS
MD02	6	10	\$150.00			FLAT FEE \$150.00 6-10 UNITS
MD03	11	15	\$160.00			FLAT FEE \$150.00 11-15 UNITS
MD04	16	20	\$165.00			FLAT FEE \$165.00 16-20 UNITS
MD05	21	25	\$170.00			FLAT FEE \$170.00 21-25 UNITS
MD06	25	30	\$200.00			FLAT FEE \$200.00 25 - 30 UNITS
MD07	31	35	\$250.00			FLAT FEE \$250.00 31 - 35 UNITS
MD08	36	40	\$300.00			FLAT FEE \$300.00 36 - 40 UNITS
MD09	41	45	\$340.00			FLAT FEE \$340.00 41 - 45 UNITS
MD10	46	50	\$375.00			FLAT FEE \$375.00 46 - 50 UNITS
MD11	51	60	\$425.00			FLAT FEE \$425.00 51 - 60 UNITS
MD12	61	70	\$475.00			FLAT FEE \$475.00 61 -70 UNITS
MD13	71	80	\$600.00			FLAT FEE \$600.00 71 -80 UNITS
MD14	81	90	\$650.00			FLAT FEE \$650.00 81 -90 UNITS
MD15	91	100	\$725.00			FLAT FEE \$725.00 91 - 100 UNITS
MD16	101	110	\$800.00			FLAT FEE \$800.00 101-110 UNITS
MD17	111	120	\$870.00			FLAT FEE \$870.00 111-120 UNITS
MD18	121	125	\$950.00			FLAT FEE \$950.00 121 - 125 UNITS
MD19	126	150	\$1,100.00			FLAT FEE \$1100.00 126 - 150 UNITS
MD20	151	199	\$1,200.00			FLAT FEE \$1,200.00 151-199 UNITS
MD21	200	299	\$1,250.00			FLAT FEE \$1,250.00 200-299 UNITS
MD22	300	499	\$1,300.00			FLAT FEE \$1,300.00 300-499 UNITS
MD23	500	999	\$1,350.00			FLAT FEE \$1,350.00 500-999 UNITS
MD24	1000	2000	\$1,400.00	TRUE	\$0.50	FLAT FEE \$1,400.00 1000-2000 UNITS. .50 per unit over 1000. MAX \$1,500.00
MD25	2001	4999	\$1,450.00	TRUE	\$0.35	FLAT FEE \$ 1450.00 for first 2001 units. .35 per unit over 1000. MAX \$1,600.00
MD26	5000	1000000	\$2,000.00	TRUE	\$0.15	FLAT FEE \$2,000.00 for first 5000 units. .15 per unit over 5000. Max \$2,000.00
SFMC	0	0	\$125.00		\$0.00	Flat fee Subscriber rate - Magazine and Newsletter & Special Events Only