



The Investment Property Owners Association of Nova Scotia

Sovereign Place Suite 603 • 5121 Sackville Street • Halifax, Nova Scotia B3J 1K1
Telephone (902) 425-3572 • Fax (902) 422-0700 • E-mail association@ipoans.ns.ca

Membership Application

Your New Membership Application will be submitted to the Membership & Benefits Committee for approval. ALL INFORMATION MUST BE COMPLETED.

Company Name: _____

Address: _____

Office Tel #: _____ Fax #: _____ Email #: _____

Name of Owner(s): _____

Home Tel #: _____ Fax #: _____ Email #: _____

Contact Person: _____

Home Tel #: _____ Fax #: _____ Email #: _____

Membership Profile:

Number of years experience as an owner/property manager: _____ Full-time: _____ Part-time: _____

If part-time, please state occupation: _____

Are you interested in being matched with a member as a mentor/advisor? Yes _____ No _____

Location of Rental Properties:

We would like to inform your property personnel of upcoming events and seminars. Please complete the following for each of your apartment communities. If you have more than one apartment community, please provide the information on the back page.

Apartment Community Name: _____ # of Units: _____

Civic Address: _____ City: _____ N.S.

Postal Code _____ Tel: _____ Fax: _____ Email: _____

Contact Person: _____ Title: _____

Name of Superintendent of the Apartment Community: _____

Newsletter Recipient(s): _____

Housing Units:

The number of units represented by IPOANS is reported to the NAA, the CFAA, to associated businesses who support our organization and to Municipal, Provincial and Federal governments. The more unit representation we can claim with these parties, the greater the attention afforded our lobbying efforts and the more external business sponsorship we attract. Please be accurate.

Number of apartment units: _____ Number of Hotel or Motel Units: _____
 Number of Rental Houses: _____ Number of Rooms in Rooming Houses: _____
 Do you (or does your Company) own commercial property? Yes _____ No _____

Oil Consumption:

IPOANS members benefit from a substantial discount from the Oil Companies who are members of IPOANS. Your annual consumption is important to IPOANS in its negotiations with these oil companies.

Estimated ann. consumption of oil for all properties – residential, commercial, home use: _____ litres.
 Do you presently purchase your oil with Bluewave? Yes _____ No _____
 If “No”, please state which supplier: _____ Discount you obtain: _____

DO YOU ANTICIPATE CONVERSION TO NATURAL GAS IN THE FUTURE? Yes _____ No _____
 IF SO, WHAT PERCENTAGE OF YOUR PRESENT OIL CONSUMPTION? _____ %

Event Participation:

So that IPOANS can effectively plan for future events, which of the following events do you anticipate that you and/or your employees might attend?

Event	When	Yes	No	Maybe	# of Possible Attendees
Winter Education Courses	Jan – Apr	_____	_____	_____	_____
AGM, Dinner & Speaker	March	_____	_____	_____	_____
Golf Tournament & BBQ	Sept	_____	_____	_____	_____
Harbour Cruise	June	_____	_____	_____	_____
Fall Education Courses	Sep – Dec	_____	_____	_____	_____
Conference, Tradeshow		_____	_____	_____	_____
General Meetings		_____	_____	_____	_____
Special Seminars	Ad Hoc	_____	_____	_____	_____

IPOANS is a not-for-profit organization dedicated to serving the needs of its members. The work of the association is performed by member volunteers and their employees, the efforts of whom are coordinated by the Association office staff. The Committees at present are:

- Membership & Benefits:** Approves member applications, negotiates discounts, oversees fundraising events, arranges speakers, and provides networking opportunities.
- Legislative/Political Action:** Monitors industry issues, maintains contact with Business and Consumer Affairs, Community Services, and lobbies for improvements in legislation.
- Education:** Designs Career Program for education and professional development of members, employees of members and the public.
- Conference:** Planning and coordination of conference, tradeshow and prestige awards banquet.

Name of Volunteer: _____ Committee: _____
 Name of Volunteer: _____ Committee: _____

Membership Dues:

The membership fee is based on ownership and/or management of apartment units. Membership dues are calculated according to the company's portfolio size. **All units owned and/or managed must be claimed.**

Please note:

- IPOANS is an affiliate of the National Apartment Association (NAA) and our membership fee in the NAA is paid from the collective fees of our members.
- IPOANS is a member of the Canadian Federation of Apartment Associations (CFAA) and its membership fee in the CFAA is paid from the collective fees.
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DUES:

Basic Fee		\$	350.00
# of units	_____ @ \$2.00 per Unit	\$	_____.00
Sub Total	Not to exceed \$500.00	\$	_____.00

***TOTAL:** \$ _____00

I/We agree to the following:

- In applying for this membership I/we agree to abide by the By-Laws of the Investment Property Owners Association of Nova Scotia (IPOANS) and its CODE OF ETHICS.
- I/We consent to the publication/communication of my name, that of my company (or employer(s), if a property manager), my business address, telephone number, fax number, email address in the I.P.O.A.N.S. Membership Directory.
- I/We consent to release of the same information including number of units in a membership list produced by the Association.
- IPOANS is hereby authorized to verify with any consumer reporting agency the information given herein.

DATE: _____ SIGNATURE _____

Please find enclosed my/our cheque in the amount of \$ _____ for my membership dues.

Please charge my Visa, Account #: _____ in the amount of \$ _____
for my membership dues. Expiry Date: _____ Signature: _____

For Office Use Only

Date Renewal & Payment Received _____ Date of Next Approval Meeting _____

Renewal Approved _____ Renewal Package Sent _____

LOCATION OF RENTAL PROPERTIES/NEWSLETTER RECIPIENTS & ADDRESSES:

Apartment Community Name: _____ # of Units: _____
Civic Address: _____ City: _____ N.S.
Postal Code _____ Tel: _____ Fax: _____ Email: _____
Contact Person: _____ Title: _____
Name of Superintendent of the Apartment Community: _____
Newsletter Recipient(s): _____

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