



P.O. Box 838 • Troy, MI 48099 • (248) 352-8490 • Fax (248) 352-8606 • Email: info@ucomonline.org • www.ucomonline.org

DATE _____

PROFESSIONAL MEMBERSHIP FORM

MEMBERSHIP FROM _____ TO _____

FOR CONDOMINIUM DEVELOPERS, MANAGEMENT, SALES AND SERVICE
FIRMS AND ALL OTHER ASSOCIATION - SUPPORT BUSINESSES

Yes, we want to support UCOM. We want to assist in creating learning experiences so that all condominium people can gain a better insight into the operation of Community Associations. We want to share our views, and, incidentally, learn from others, by participating in UCOM's workshop and seminars.

PLEASE FILL IN EVERY SPACE TO COMPLETE OUR RECORDS

NAME OF ORGANIZATION: _____

NAME OF CONTACT PERSON: _____ PHONE: _____

FAX: _____ E-MAIL: _____

TYPE OF SERVICE: _____ YEARS IN BUSINESS: _____

ADDRESS: _____
(number and street)

(city)

(zip)

IF YOU HAVE SUGGESTION FOR PROSPECTIVE MEMBERS, PLEASE LET US KNOW AND WE WILL CONTACT THEM.

DON'T FORGET THAT UCOM WELCOMES OBJECTIVE ARTICLES WITH RESPECT TO YOUR FIELD, AND YOUR FIRM WILL BE GIVEN A FOOTNOTE DESCRIPTION IN OUR NEWSLETTER.

PLEASE MAIL THIS APPLICATION WITH YOUR CHECK TO:

UCOM

P.O. Box 838

Troy, MI 48099

MEMBERSHIP FEE AMOUNT \$175.00