

## Membership Commitment Agreement

I \_\_\_\_\_ acknowledge that the strength of the Salisbury Area Property Owners Association (SAPOA) depends on the maximum partnership efforts among its entire membership.

To help maintain the strength and professional credibility of the Association, I agree to respect and abide by the policies created by the Board of Directors and to operate and manage my rental housing inventory in compliance with the following Code of Ethics:

### CODE OF ETHICS

- I. To operate safe, decent, uncrowded, and sanitary housing.
- II. To participate in the formation of housing legislation.
- III. To encourage strict compliance with all housing and health laws by owners and tenants, and to support strict enforcement of obligations of owners and tenants.
- IV. To select tenants carefully with the objective to maintain good neighborhoods.
- V. To render to all tenants all services specified in rental agreements, and to request tenants to make any complaint directly to owner's management agent and owners, and, if the complaint is not corrected, then to the property authorities who I hereby authorize to contact the Salisbury Property Owners Association.
- VI. To provide guidance to members in their efforts to upgrade property and stabilize neighborhoods.
- VII. To never be a party to any plan or agreement that discriminates against a tenant on the basis of race, creed, sex, or country of national origin, and to abide by all fair housing laws.

Furthermore, I agree to uphold the obligations and duties of a member of the Association by seriously accepting the following responsibilities:

- I. To serve, when assigned, on at least one committee during the calendar year.
- II. To remit my annual dues payment within 30-days from the receipt of the billing statement.

I understand that the Association is able to accomplish for one and all property owner changes in laws and to create compromises that cannot be accomplished by one property owner on his or her own.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please complete and sign the Commitment Agreement and return with your Membership Application and payment to: Salisbury Area Property Owners Association, PO Box 527, Salisbury, MD 21801.