



## Five Star Certificate Program



### 2012 STATEWIDE APPLICATION

Property Name \_\_\_\_\_ Manager \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Management

Company \_\_\_\_\_

\$35 Check OR Money Order **ONLY**

**\*No invoicing is permitted for 5-STAR.  
All payments are received at time of training or renewals\***

### Application checklist

#### TO DO

#### TO SEND

- 1. **Attend** AMA Five STAR Class
- 2. **Attend** Phase 1 Crime Free Training
- 3. **Register** with Fax Net 1
- 4. **Join** Neighborhood Alliance:  
     EX: Block Watch, Graffiti Busters,  
     Weed n Seed, Apartment Coalition, etc
- 5. **Host** two (2) outreach events per year

Copy of certificate required

Copy of certificate required

Application attached

Signed Part 2 Application

  

Copies of flyers, videos,  
pictures, signs

**See back**

## Neighborhood Alliance (Part 2)

### Apartment/Neighborhood Alliance Section-see examples below

Please have the administrator, chairman or president of your neighborhood alliance, Apartment Coalition or Block Watch sign and date this form.

\_\_\_\_\_ of \_\_\_\_\_  
(Manager's Name) (Name of Property)

is an active member of \_\_\_\_\_ on \_\_\_\_\_  
(Name of Neighborhood Alliance Group/Block Watch/Coalition) (Date)

\_\_\_\_\_  
(Name of Chairman/President) (E-Mail) (Telephone)

## (Part 3) Participant Affirmation

### **\*Please have signed by Supervisor or Regional/District manager\***

Initial(s)\_\_\_\_\_ I/we understand that we will be required to recertify on an annual basis. Failure to do so will render our AMA FIVE STAR PROGRAM status void.

Initial(s)\_\_\_\_\_ I/we will use the AMA FIVE STAR PROGRAM logo as appropriate in our marketing materials.

I, \_\_\_\_\_, certify that this application is true to the best of my knowledge. \_\_\_\_\_  
(Manager's Signature) (Date)

I, \_\_\_\_\_, certify that this application is true to the best of my knowledge. \_\_\_\_\_  
(Supervisor's Signature) (Date)

**\*Not valid without signatures\***

Kindly return by:  
email back to [lhavez@azama.org](mailto:lhavez@azama.org)  
mail to Lucina Chavez, AMA , 5110 N. 44th Street, Phoenix, AZ 85018  
Fax to Attn: Lucina Chavez (602) 296-6178