

FRANKLIN COUNTY AREA LANDLORDS ASSOCIATION

ASSOCIATE MEMBERSHIP FORM

PURPOSE OF THE ORGANIZATION: To provide a means by which landlords can work together to improve the rental business environment and promote the interests of Franklin County area landlords.

PURPOSE OF ASSOCIATE MEMBERS: Associate Members will gain the opportunity to receive potential business from landlord members. Associate Members will also be able to help our association with future issues that may come up, in areas of their expertise.

PLEASE PRINT ANSWERS TO ALL QUESTIONS:

NAME(S) _____

ADDRESS _____

CITY, STATE, ZIP _____

E-MAIL _____

PHONE NUMBERS

HOME _____ WORK _____

CELL PHONE _____ FAX _____

YOUR OCCUPATION _____

ANY SPECIAL OPPORTUNITIES YOU HAVE THAT OUR MEMBERS MAY BE INTERESTED IN...
(Talents, services or discounts, etc) _____

ANY TOPICS YOU WOULD LIKE TO BE KEPT UP ON? _____

WOULD YOU BE INTERESTED IN BEING A GUEST SPEAKER? YES NO

DO YOU HAVE ANY SUGGESTIONS FOR THE LANDLORDS IN THE AREA?

We are considering producing a quarterly newsletter to touch base with our Associate Members. If we produced it, would you:

LIKE TO RECEIVE THE QUARTERLY NEWSLETTER? YES NO

BE INTERESTED IN ADVERTISING IN THAT NEWSLETTER? YES NO

SIGNATURE _____

DATE: _____

MEMBERSHIP FEE OF \$ _____ TAKEN BY _____