

APPLICATION FOR MEMBERSHIP

LANDLORDS ASSOCIATION OF EASTERN JACKSON COUNTY

DATE _____

NAME _____

ADDRESS _____

CITY _____ ZIP _____

PHONE _____

Number of units owned/managed _____

Type of Units:

Single Family _____

Duplex _____

Triplex _____

Multi-Family _____

Conversions _____

Please list the features of a Landlords Association that you would be most interested in:

Please list topics that you would like to see addressed by guest speakers:

Welcome, and we look to forward to networking with you.

Mail with your \$50 annual membership fee to: Landlords Association of EJC
PO Box 520274
Independence, Mo.64052

For more information call 816-461-0115