

LITTLE ROCK LANDLORD ASSOCIATION



Membership Application

Date _____

Name _____

Address: _____

City: _____ State _____ Zip Code _____

Daytime Phone: _____ Cell Phone: _____

Fax: _____ email: _____

Business Name (Optional): _____

(This information is held in confidence. It is only available to the board members for association purposes only.)

I understand that the information received at any of the meetings or in the newsletter is to be used as a guide and is not taken as legal or professional advice. Legal or professional advice may be required in individual circumstances, therefore I agree not to hold responsible any officer, member or guest of the Little Rock Landlord Association for any action I take based on the information received.

Signature _____ Date _____

You may mail this application with your check or money order for \$35.00 to: Copy Stop, Attn: Little Rock Landlord Association, 3500 S. University, Little Rock, AR 72204. Please make payable to Little Rock Landlord Association. Your membership card will be available at the next Association meeting if the application and check is mailed 5 days prior to the next meeting or you may request that we mail the membership card(s) to the address above by checking this box.