

Membership Form

Name:				
Business Name:				
Mailing Address:				
City:	Stat	te:Zip:		
Phone: Home	Work	Fax		
Email Address				
Number of units you own?		_Residential	Commercial	
Number of units you manage for oth	iers?	Residential	Commercial	
Annual dues are based on y	our preferen	nce and members	ship needs:	
HALF YEAR Individual Mem HALF YEAR Joint Membership - 2 Member HALF YEAR Corporate Members Holiday Business Sponsor Only — 4 C Holiday Business Sponsor with Corporate I	rs - For Couple ship – Up to 4 Guests and T	es or Business Part ¹ Members for the Table for Displayi	ners for the Year: \$8 9 Year: \$139.50 ng Materials - \$299	
Checks should be made payable to the Greensbord along with t			mailed to the following	g address
Greensboro La	andlords Ass . O. Box 557			
Greensboro	, North Caro	lina 27435		
I, the undersigned, hereby request membership in a memberships are subject to approval. I authorize				
Signature:		Dat	e: <i> </i>	