



Membership Form

Name: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Work _____ Fax _____

Email Address _____

Number of units you own? _____ Residential _____ Commercial

Number of units you manage for others? _____ Residential _____ Commercial

Annual dues are based on your preference and membership needs:

HALF YEAR Individual Membership - 1 Member for the Year: \$49.50

HALF YEAR Joint Membership - 2 Members - For Couples or Business Partners for the Year: \$89.50

HALF YEAR Corporate Membership - Up to 4 Members for the Year: \$139.50

Holiday Business Sponsor Only - 4 Guests and Table for Displaying Materials - \$350

Holiday Business Sponsor with Corporate Membership - 4 Guests, Table and Membership - \$550

Checks should be made payable to the Greensboro Landlords Association, Inc. and mailed to the following address along with the completed application.

**Greensboro Landlords Association, Inc.
P. O. Box 5574
Greensboro, North Carolina 27435**

I, the undersigned, hereby request membership in the Greensboro Landlords Association, Inc.. I understand that all memberships are subject to approval. I authorize the publication of my name and address in the membership directories.

Signature: _____ Date: ____/____/____

www.GreensboroLandlord.com | Email: Info@GreensboroLandlord.com