

Application for Membership

Landlords Association of Eastern Jackson County

Date _____

Name _____

Address _____

City _____ ZIP _____

Email _____

(We will not share or sell your email)

Website _____

Phone _____

Phone Type Cell Business Home Other

How many years have you been investing? _____

Number of units owned or managed _____

Company name _____

How did you hear about us? _____

What topics would you like to see addressed by guest speakers? _____

Mail this form, along with your \$55 annual membership fee, to:
Landlords Association of Eastern Jackson County
PO Box 520274
Independence, MO 64052