



WASHINGTON LANDLORD ASSOCIATION™

A non-profit tax-exempt Washington service corporation
“Where landlords and managers are helped... in serving the housing industry.”

Full Membership Application \$50.00 to join

(Includes free membership forms, laws, tips and other landlord resource info at
WaLandlord.com)

All vendor memberships receive a free listing on our Vendor Referral List.

APPLICANT INFORMATION			
First Name:		Last Name:	
Current address:			
City:		State:	ZIP Code:
Home/Cell Phone:		Work/Alternate contact Phone:	
Email Address:			
Preferred method of contact:		Phone	Email Postal Mail
WLA officers are elected by membership vote (Article IV section 2 of WLA bylaws). Would you prefer to be a voting member and receive ballots in the mail OR designate the WLA Executive Officer as your proxy for officer elections? <i>(This can be changed at any time at your request.)</i>			
Ballots for voting		Designated EO proxy for year 20__	
ALTERNATE CONTACT INFORMATION IF JOINT MEMBERSHIP (SPOUSE, PARTNER, MANAGER, ETC.)			
Name:		Email:	
Home/Cell Phone:		Work/Alternate contact Phone:	
COMPANY INFORMATION			
Company Name:		Company Phone:	
Would you like to be included in our vendor directory?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, please provide wording (42 letters/spaces max):			
Would you like to be contacted about running a business ad in the WLA newsletter or participating in WLA events as a vendor or speaker? Yes, please. No, thank you			
RENTAL INFORMATION			
<i>Optional: Some areas of WA have specific rules and/or forms. Providing how many and/or the location of your units helps us give you more accurate information when you call with questions.</i>			
Number of Units:	Please indicate where your rental is located: <input type="checkbox"/> Seattle <input type="checkbox"/> Vancouver <input type="checkbox"/> Other		
PAYMENT INFORMATION			
<input type="checkbox"/> Check enclosed (please make payable to WLA)		<input type="checkbox"/> Please call me to charge my credit card.	
We like to acknowledge member referrals. Please tell us how you heard about WLA:			

Directions:

1. Please fill out this form and mail it to our office: 8617 Martin Way E. Ste102, Lacey, WA 98501
2. Make sure to include your payment payable to WLA (if sending a check)