

## Application for Membership

Circle the category which most appropriately represents the membership for you or your organization:

**Member**

**Vendor**

Business Name: \_\_\_\_\_

\_\_\_\_\_

Representative: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State, Zip Code: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Complete the information below:

Number of Units: \_\_\_\_\_

Mail your application with your check to:

**Dubuque Area Landlord Association**

**10366 Timothy**

**Dubuque, IA 52003**

**\*Note:** Your check is your receipt.