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## MEMBERSHIP APPLICATION

**COMPANY NAME** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **PROVINCE** \_\_\_\_\_ **PC** \_\_\_\_\_

**PHONE #** \_\_\_\_\_ **FAX #** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

### PROPERTY MANAGER/LANDLORD

<input type="checkbox"/> <b>OWNER</b>	<b>Total Number of Residential Units</b>
<input type="checkbox"/> <b>MANAGER</b>	_____

### Method of Payment

<b>Membership Dues - \$</b> _____ <b>per year</b>	
<input type="checkbox"/> <b>Visa</b>	<input type="checkbox"/> <b>MasterCard</b> <b>Card #</b> _____
<b>Cardholder Name</b> _____ <b>Expiry Date</b> _____	
<small>(print name)</small>	
<b>Signature</b> _____	
<input type="checkbox"/> <b>Cheque Enclosed</b>	<input type="checkbox"/> <b>Cash</b> <input type="checkbox"/> <b>Debit Card</b>

### How did you hear about us?

<input type="checkbox"/> LPMA Member Name _____	<input type="checkbox"/> Seminars
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Phonebook <input type="checkbox"/> Website
<input type="checkbox"/> Former LPMA Member	<input type="checkbox"/> Other (please specify)

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**MEMBERSHIPS ARE CONFIDENTIAL**  
*Membership is subject to approval by LPMA Board of Directors.*