



WESTCOUNTRY LANDLORDS ASSOCIATION

Membership Application Form - 2019 –2020

Membership runs until 31st December 2020

This form may be printed then filled in by hand - ***Please write clearly - Thank you***

*** = Required Field**

Trading Name	<input type="text"/>
Title	<input type="text"/>
First Name *	<input type="text"/>
Surname *	<input type="text"/>
Partners First Name & Surname	<input type="text"/>
Address Line 1 *	<input type="text"/>
Address Line 2 *	<input type="text"/>
Town *	<input type="text"/>
Postcode *	<input type="text"/>
Daytime Tel No *	<input type="text"/>
Evening Tel No *	<input type="text"/>
Mobile No	<input type="text"/>
Email	<input type="text"/>
Preferred Password (for memb area access)	<input type="text"/>

I agree to the Terms and conditions of membership as detailed in the Constitution *

I enclose a cheque for £37.00

Signed..... Date.....

Please return to: **Westcountry Landlords Association**
P.O. Box 454
Plymouth Devon PL3 4WL