



Membership Application

Principal Member Contact Information

First Name

Last Name

E-mail

Cell Phone

Text Messaging

Additional Authorized Contact Information

First Name

Last Name

E-mail

Cell Phone

Text Messaging

Public Membership Information

Business Name

Total Units

Contact Name

Address 1

Address 2

City

State

Zip

Web Site

E-mail

Phone

Application for Membership*

How did you find us?

Reasons for Membership

I desire membership in the Jacksonville Area Landlord Association (JALA). I am a property owner / manager and agree to adhere to the association standards as outlined in the by-laws. My properties are at or will very soon meet Section 8 Housing Quality Standards. I understand failure to adhere to association standards will result in my removal from the association. I wish for my membership to continue each subsequent year at the then current rate and will pay dues or provide written notice of my withdrawal by January 1. Non-payment of dues will result in suspension of my membership privileges.

Signature

Date

* List all properties on the following page. Attach additional pages if needed.
By-laws available in Member Documents or by contacting the secretary.

