



hlandlords@yahoo.com

APPLICANT INFORMATION

Name:		Fee \$30.00
Home Phone:	Cell Phone:	Email:
Current address:		
City:	State:	ZIP Code:

OWNERSHIP INFORMATION		
Property 1	<input type="checkbox"/> Apartment	<input type="checkbox"/> Retail
	<input type="checkbox"/> Office	<input type="checkbox"/> Warehouse
	<input type="checkbox"/> SFR	
Property address:		
City:	State:	ZIP Code:
Property 2	<input type="checkbox"/> Apartment	<input type="checkbox"/> Retail
	<input type="checkbox"/> Office	<input type="checkbox"/> Warehouse
	<input type="checkbox"/> SFR	
Property address:		
City:	State:	ZIP Code:
Property 3	<input type="checkbox"/> Apartment	<input type="checkbox"/> Retail
	<input type="checkbox"/> Office	<input type="checkbox"/> Warehouse
	<input type="checkbox"/> SFR	
Property address:		
City:	State:	ZIP Code:

PLEASE LIST ITEMS OF IMPORTANCE YOU WOULD LIKE TO SEE THE ASSOCIATION ADDRESS.
1.
2.
3.
4.

Do you feel your tenants might have an interest in participating and affiliating with the Hollywood Landlord's Association? If yes, please list.		
Name	Address	Phone

Volunteer Services: Please indicate if you would like to participate in any committees. If YES, please check box. List any skills you feel may benefit the Association Please list skills below		
Education Committee	Yes <input type="checkbox"/>	1.
Political Affairs Committee	Yes <input type="checkbox"/>	2.
Information Technology Committee	Yes <input type="checkbox"/>	3.
Community Redevelopment Committee	Yes <input type="checkbox"/>	4.
Membership Committee	Yes <input type="checkbox"/>	5.