

YUKON RESIDENTIAL LANDLORD ASSOCIATION

c/o PO Box 31561, RPO Main Street, Whitehorse YT Y1A 6L2

Email: yukonrla@gmail.com

**OWNER/ MANAGER
MEMBERSHIP APPLICATION**

Membership Calendar Year: _____

(Good to vote at AGM held by March 31st following year)

Member Contact Information:

First Name: _____

Last Name: _____

Company Name: _____

Mailing Address: _____

City: _____

Phone Numbers: Business _____ Home _____

Cell: _____ Fax _____

Email: _____

Please state the **number of rental units** you: Own _____ Manage _____

Approximately how many people do you house in total in the rental units that you own or manage _____

Membership Comments (issues of interest in being a member of YRLA, etc.):

Do you consent to YRLA sharing your name and contact information with the membership?

Yes ____ or No ____ (please circle or check one)

Are you interested in being on: The Board of Directors? _____ A Committee? _____

Membership Fee: Base Fee=\$20 + \$ _____ (___ units owned @ \$5/unit) = **TOTAL FEE \$** _____

(Maximum \$100/yr)

Payment Amount \$ _____ Method of Payment: _____ Receipt No: _____