

APPLICATION FOR MEMBERSHIP

I wish to become a full member of the North Staffordshire Landlords Association.

Please use BLOCK CAPITALS to complete this form. (In black ink please)

The following details are for the records of the association only and will not be passed on to any other organisation.

SURNAME.....FORENAME(S).....

MAIN OCCUPATION.....

ADDRESS.....

.....POST CODE.....

PHONE NUMBER: BUSINESS.....HOME.....

MOBILE.....EMAIL.....

COMPANY NAME IF DIFFERENT FROM ABOVE

.....

NUMBER of PROPERTIES YOU LET...

LOCATION of PROPERTIES

TYPE OF PROPERTY YOU LET. Please indicate with a tick.

Please tick all that apply:-

Houses.... Flats..... Bedsits.... Furnished.... Unfurnished.....

Stoke on Trent.....

TENANTS: Students..... Professionals..... Benefit Claimants.....

Newcastle under Lyme....

Staffordshire Moorlands...

Stafford.....

PLEASE GIVE THE NAME AND ADDRESS OF A REFEREE i.e. *Bank Manager, Accountant, Solicitor, Minister of Religion etc.*

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.....

I agree to the above referee being contacted.

I agree to comply with the Rules and Code of Practice of the Association.

SIGNED.....DATE.....

This completed Application Form should be returned with completed standing order mandate to:

N.S.L.A.
P.O. Box 1564,
Stoke on Trent.
ST1 3TW