

LANDLORDS OF IOWA APPLICATION FOR VENDOR MEMBERSHIP

Company Name _____

Individual Primary Contact _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone (____) _____ Fax (____) _____

E-Mail _____ Website _____

Description of Products/Service _____

Signature _____

As a vendor member of *Landlords of Iowa, Inc.*, you are entitled to a free listing in the *Landlords Legend* Quarterly Newsletter and discounted rates on advertising in the newsletter and attendance at the state convention.

Your membership is good for one year from the date of the application. A renewal notice and invoice will be sent to you one month prior to your renewal date.

Fee: \$75

Checks should be made payable to *Landlords of Iowa* and sent to:

Lisa J. Barnes, CMP
CCS – Complete Conference Specialists
5096 Sand Road SE
Iowa City, IA 52240-8217
319/338-2036; FAX: 319/337-8836
CCSBarnes@msn.com

