

I grant the Alberta Residential Landlord Association (ARLA) permission to keep and use any contact information including contact names, business names, address, telephone number, fax number, email address, and website URL in connection with my membership and for communications from ARLA to its members and suppliers, unless you as a Member revoke such consent in writing. You acknowledge your obligation to update your contact information within 30 days of such change. Initials: _____

Contact Information

Primary Contact _____

Company _____

Address _____

E-Mail _____

Phone Number _____

Email Invoices to _____

Membership Level (Membership fee is valid per calendar year)

- \$110 **1-9 Units** \$180 **10-75 Units**
- \$360 **76-250 Units** \$600 **251-500 Units** \$1195 **501+Units**
- \$525 **Preferred Service Member**

Total number of building(s) _____

Total number of unit(s) _____

Method of Payment

Credit Card Cheque Invoice

Credit card type _____

Credit card number / Exp. Date _____

