

NORTH WEST LANDLORDS ASSOCIATION

Please complete / return to: NWLA Ltd., 113 Tonge Moor Road, Bolton, BL2 2DL Telephone 01204 383269 / 0845 345 1386
Fax: 01204 383269 Email: admin@nwla.co.uk, web: www.nwla.co.uk

APPLICATION FOR MEMBERSHIP

Full Name
Address
.....
.....
Post Code
Telephone
Fax No.
Mobile No
Email Address

<i>Office Use Only</i>	
Accepted
Entered
Number
M/pack sent

Status - Private Landlord / Letting Agent (delete as appropriate)

Contact Name..... Number of Properties.....(optional)

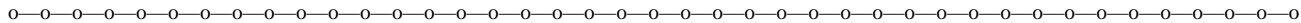
H.M.O.'s * YES / NO (delete as appropriate) * H.M.O. - House in Multiple Occupation

I wish to apply for membership of the NWLA Ltd and enclose my cheque for £85.00 made payable to "NWLA". I also confirm I have provided two references as detailed on the reverse of this form.

By applying for membership of the NWLA I agree to be bound by the NWLA Code of Practice and Minimum Standards (as detailed in the copy which is enclosed for my retention). As a full member of the NWLA, which is a Company Limited by Guarantee, I understand that I will be personally responsible for the liabilities of the company 'up to a maximum sum of £1'.

Signed Date.....

The NWLA keeps written and computerised records of member names and addresses which may from time to time be passed to third parties, but only if it is considered to be in the interests of the membership. The insurers and insurers' agents providing insurance schemes exclusively for NWLA members, may require a membership list to facilitate insurance cover to members who wish to participate in such a scheme; if you do not wish your name and address to be included on a membership list, or passed onto a third party or insurer / insurers' agents, then please check the box.



Please take the time to complete the following section, it is important. Thankyou

How did you hear about NWLA Ltd (Please indicate by underlining the options). : -

- | | | |
|--------------------------------|--|-------------------------------------|
| Internet / email | Publication, magazine or leaflet (please give details below) | Meeting (please specify which) |
| NFRL | An Event e.g. Accreditation scheme event (specify which below) | Local Authority (specify which) |
| Passing the NWLA office | Another organisation (please give details below) | Media article (please give details) |
| Mailshot (please give details) | Existing NWLA member (please give details below) | |
| Word of Mouth | OTHER (please give details below): | |

Dedicated To Quality in the Private Rented Sector

Company limited by guarantee in England and Wales. Company Number: 4407741
Registered Office: The Old Surgery 108 Market Street Westhoughton Bolton BL5 3AZ

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SUPPLEMENTARY SHEET TO APPLICATION FOR MEMBERSHIP

Please complete and return with your application to: The Secretary, NWLA Ltd., 113 Tonge Moor Road, Bolton, BL2 2DL

Your name, address, & telephone/mobile number

.....

.....

PLEASE PROVIDE DETAILS OF TWO PROFESSIONAL REFERENCES:

(The referees provided must have known you for a minimum of 2 years and must not be related to you)

Full Name

Address

.....

.....

Post Code

Tel: Number

Fax No.

Mobile No.

Email Address

Relationship to referee

How long have you known this person

Is this person a currently a member of NWLA Ltd Yes / No

<i>Office Use Only</i>	
References	Checked
Application	Vetted
Approved by.....	(Initials)

Full Name

Address

.....

.....

Post Code

Tel: Number

Fax No.

Mobile No.

Email Address

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