



RENTAL PROPERTY OWNERS ASSOCIATION
MID-MICHIGAN

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info@rpoamm.org

MEMBERSHIP APPLICATION

NAME _____

(Please Print Legibly If Mailing To RPOAMM Office)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ CELL: _____ YES _____ NO

OTHER PHONE (if preferred) _____

EMAIL ADDRESS _____

DO YOU WISH TO RECEIVE RPOAMM NEWSLETTER ONLINE _____ YES _____ NO

(Rather Than A Printed Edition by Mail)

Business Name (if applicable) _____

Referred/Recommended For Membership by _____

(not required but if applicable please indicate)

DO YOU CURRENTLY OWN RENTAL PROPERTY _____ YES _____ NO

If "YES" ... PLEASE RESPOND WITH # OF EACH AS APPLICABLE

_____ SINGLE FAMILY # OF SINGLE FAMILY UNITS _____

_____ DUPLEX # _____ ... _____ TRIPLEX # _____ ... _____ QUADPLEX # _____

_____ APARTMENT # _____ ... TOTAL # OF INDIVIDUAL APT. UNITS _____

_____ OTHER - Describe _____

RPOAMM membership is based on a calendar year basis. If joining in June you can submit one-half the annual dues rate for membership through December 31 of that year.

ANNUAL DUES - \$100 ... includes all rights and privileges, member Log-In to **RPOAMM Website** where numerous exclusive membership benefit programs are available.

www.rpoamm.org