

# APPLICATION

Name (s): \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Fax \_\_\_\_\_

How many units do you have \_\_\_\_\_

How did you hear about JARPA \_\_\_\_\_

Referred by \_\_\_\_\_

**Membership Dues:**  
**\$219 per year**

**Business Partners Associate Member Dues:**  
**\$100 per year**

**Make checks payable to JARPA**  
and mail it along with this form:

**JARPA**  
Box 1061  
Janesville, WI 53547-1061

- \* *Subject to change next renewal period.*
- \* *Please read & sign the attached application.*
- All applications will be reviewed by the board.*



EST. 1979

**JANESVILLE AREA**  
**RENTAL PROPERTY ASSOCIATION**  
*Information Service Network Education*