

Application for Membership

Darlington & District
Private Landlords Association



Name of applicant	
Address	
Telephone	
Email Address	

Trade Name (if applicable)	
Business Address	
Telephone	

How did you hear of the Association?

All members are required to adhere to our Code of Practice. Details can be obtained from our Chairman on application.

Signature_____

Date_____

Please return to:-

Darlington & District Private Landlords Association
PO Box 151 Darlington DL1 9EA

For Admin Use

<i>Proposed by: Name</i>		<i>Membership No.</i>	
<i>Seconded by: Name</i>		<i>Membership No.</i>	