

# AFFILIATE MEMBERSHIP APPLICATION

Fax to 866-466-2776 or Send to NARPM®, 638 Independence Parkway, Suite 100, Chesapeake, VA 23320.

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Company Phone: \_\_\_\_\_ ext: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Describe your product/service: \_\_\_\_\_

\_\_\_\_\_

Which category **best** describes your company?

Business Products & Services

Internet Tools & Marketing

Maintenance

Software

Legal Services

Tenant Screening

How did you hear about NARPM®?

Industry Tradeshow

NARPM® Event

Website

Facebook

IREM® Advertisement

From a Member

Article

Mail

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

## MEMBERSHIP & DUES

Includes a company listing, link to your website and e-mail address noted above on [www.narpm.org](http://www.narpm.org), subscription to and listing in every issue of the award-winning *Residential Resource*, and eligibility for the Affiliate of the Year Award after membership for two consecutive years.

A full year of Affiliate membership dues is \$295, less a \$50 new member discount, and must be paid initially. The fee will be prorated in the second year of membership to reflect the partial first year and be due on January 1st after joining. Dues are nontransferable and nonrefundable.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**I understand that Affiliate membership in the National Association of Residential Property Managers is in a non-voting capacity. I understand that my application must be accepted and approved by the NARPM® Board of Directors and I agree to abide by their decision. I affirm that the information contained herein is true and accurate.**

## PAYMENT METHOD

Check enclosed in the amount of \$245.00 via Check # \_\_\_\_\_ Date: \_\_\_\_\_

I authorize NARPM® to charge \$245.00 to my:  Visa  MC  Discover  AMEX

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

*I authorize NARPM® to charge my credit card.*