

AFFILIATE MEMBERSHIP APPLICATION

Email to info@narpm.org or Mail to NARPM®, 1403 Greenbrier Parkway, Suite 150, 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 **ONE** category **best** describes your company?
- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Insurance | <input type="checkbox"/> Business Products & Services | <input type="checkbox"/> Internet Tools & Marketing |
| <input type="checkbox"/> Banking & Financial | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Software |
| | | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Tenant Screening |

- How did you hear about NARPM®?
- | | | | |
|--|--|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Industry Tradeshow | <input type="checkbox"/> NARPM® Event | <input type="checkbox"/> Website | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> IREM® Ad | <input type="checkbox"/> From a Member | <input type="checkbox"/> Article | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Other (Please indicate) _____ | | | |

Referred by: _____

MEMBERSHIP & DUES

Includes a company listing, link to your website and e-mail address noted above on 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

Cardholder's Name: _____ Phone: _____

Billing Address: _____

City/ST/Zip: _____

Cardholder's Signature: _____

I authorize NARPM® to charge my credit card.

(This information will be shredded.) Card # _____ Exp. Date: _____ Sec. Code: _____