NEW COMPANY MEMBERSHIP APPLICATION (Page 1)

Email both pages to info@narpm.org

Company membership is offered to any company that has four (4) members, which is a combination of Professional and Support members, with two (2) out of the four (4) being Professional members. Responsible person understands the company will be charged the yearly dues base fee equaling \$735.00. After the company membership base fee is paid for initial four (4) members, the dues will be \$100 for each additional Professional Member/Support Staff and Conditional Members. All members will be listed under the company address.

New Members will be added as Professional Members and have 90 days to take the new member ethics course. If the course is not completed, the member will be inactivated and the office will be subject to removal from Company Membership.

Company membership will allow the responsible member to transfer memberships to other people in their company. In order to transfer membership, you must provide real estate commission (or proof of termination in states where licensing is not required) evidence that the person has left the firm

Responsible Member:				
Title:	Nickname:			
Are you the Broker/Owner or major decision maker?	□ res □ No			
New Member to NARPM®? ☐ Yes ☐ No				
Mailing Address:				
	Country:			
	ext: Contact #:			
Local Chapter:	State Chapter:			
Members in the Company: (The company must have two (2) out of the four (4) being Professional members)	four (4) members, which is a combination of Professional and Support members, with			
Name:	Member Type:			
Chapter:	New Member to NARPM®? ☐ Yes ☐ No			
Email:				
City/ST/Zip:				
Name:	Member Type:			
Chapter:	New Member to NARPM®? ☐ Yes ☐ No			
Email:				
City/ST/Zip:				
Name:	Member Type:			
Chapter:				
Email:				
City/ST/Zip:				
<i>/</i> · · · · · · · · · · · · · · · · · · ·				
Additional Members: Professional Member/Support St	taff \$100			
Name:	Member Type:			
Chapter:				
Chapter: Email:				
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NEW COMPANY MEMBERSHIP APPLICATION (Page 2)

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MEMBERSHIP QUALIFICATIONS

Professional Members: Shall be individuals actively engaged in the management of residential properties as an agent for others. The individual must follow his/her specific state regulatory licensing law regarding licensure in performing the duties of a property manager. Professional Members have completed a course of instruction covering the NARPM® Code of Ethics.

A Professional Member must also be an employee of a company, or employee of a property owner, or employee of an investor, who handles all aspects of residential property management. These individuals must comply with state licensing laws, but do not hold an active real estate license.

Affirmation of Eligibility: Whereas, I wish to hold mer gaged in the management of residential properties in w of the licensing laws of the State of my membership. Initial your affirmation here	vhich I do not have an ownership int	terest, I do hereby affiri	m that I fully understand the requirements	
Support Staff Members: Shall be individuals acting must not be acting in a capacity requiring licensure a or hold office.	in the role of support in the offic according to his/her state's regula	ce of a Professional A atory licensing law. A	Member and the Support Staff Member A Support Staff Member does not vote	
Residential Resources will be delivered electronically	y. If company requests, up to fou	ır (4) copies can be r	mailed to office address.	
Responsible person understands the company will b fee is paid for initial four (4) members, the dues will under the company address.	e charged the dues base on fee obe \$100 for each additional Pro	equaling \$735.00. A ofessional Member/So	ofter the company membership base upport Staff. All members will be listed	
Dues are nontransferable and nonrefundable. NARP be deductible as a business expense. Under IRS rule estimate the percentage of a member's dues utilized that 100% of your NARPM® dues is deductible as a	es IR-93-98 and notice 93-55, the I for lobbying purposes and not o	e federal governmen	nt requires exempt organizations to	
I understand that membership in the National Assoc staff. I agree that all members in my company will ab and accurate. By holding Company Membership, all	oide by the NARPM® Code of Etl	hics. I affirm that the	e information contained herein is true	
Signature of Applicant:			Date:	
PAYMENT METHOD				
☐ Check enclosed in the amount of \$	via Check #		Date:	_
☐ I authorize NARPM® to charge \$ to my	: □ Visa □ MC □ Discover	☐ AMEX		
Cardholder's Name:			Phone:	
	City/ST/Zip:			
Cardholder's Signature:				
(This information will be removed.)				
Card #	Exp. Date:	Sec. Code:		
Billing Zip Code:				
En	nail both pages to info@na	rpm.org		