



National Association of Residential Property Managers

# 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 \$140 for each additional Associate Member. 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 changed to an Associate 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?  Yes  No

New Member to NARPM®?  Yes  No

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

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

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

Company Phone: \_\_\_\_\_ ext: \_\_\_\_\_ Contact #: \_\_\_\_\_

Local Chapter: \_\_\_\_\_ State Chapter: \_\_\_\_\_

**Members in the Company:** (The company must have four (4) members, which is a combination of Professional and Support members, with two (2) out of the four (4) being Professional members).

Name: \_\_\_\_\_ Member Type: \_\_\_\_\_

Email: \_\_\_\_\_ New Member to NARPM®?  Yes  No

Name: \_\_\_\_\_ Member Type: \_\_\_\_\_

Email: \_\_\_\_\_ New Member to NARPM®?  Yes  No

Name: \_\_\_\_\_ Member Type: \_\_\_\_\_

Email: \_\_\_\_\_ New Member to NARPM®?  Yes  No

**Additional Members:** Professional Member/Support Staff \$100; Associate \$140 additional fees

Name: \_\_\_\_\_ Member Type: \_\_\_\_\_

Email: \_\_\_\_\_ New Member to NARPM®?  Yes  No

Name: \_\_\_\_\_ Member Type: \_\_\_\_\_

Email: \_\_\_\_\_ New Member to NARPM®?  Yes  No

Name: \_\_\_\_\_ Member Type: \_\_\_\_\_

Email: \_\_\_\_\_ New Member to NARPM®?  Yes  No

Name: \_\_\_\_\_ Member Type: \_\_\_\_\_

Email: \_\_\_\_\_ New Member to NARPM®?  Yes  No

Name: \_\_\_\_\_ Member Type: \_\_\_\_\_

Email: \_\_\_\_\_ New Member to NARPM®?  Yes  No

(Attach additional sheet if needed)



National Association of Residential Property Managers

# NEW COMPANY MEMBERSHIP APPLICATION (Page 2)

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## MEMBERSHIP QUALIFICATIONS

**Professional/Associate 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/Associate Member may 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 membership in the National Association of Residential Property Managers and whereas, I am actively engaged in the management of residential properties in which I do not have an ownership interest, I do hereby affirm that I fully understand the requirements of the licensing laws of the State of \_\_\_\_\_ and affirm that I am now and will continue to be in compliance with those laws during my membership. Initial your affirmation here \_\_\_\_\_

**Support Staff Members:** Shall be individuals acting in the role of support in the office of a Professional Member and the Support Staff Member must not be acting in a capacity requiring licensure according to his/her state's regulatory licensing law. A Support Staff Member does not vote or hold office.

Residential Resources will be delivered electronically. If company requests, up to four (4) copies can be mailed to office address.

Responsible person understands the company will be charged the 2018 dues base on 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 \$140 for each additional Associate Member. All members will be listed under the company address.

Dues are nontransferable and nonrefundable. NARPM® dues are not deductible as a charitable contribution for federal tax purposes, but may be deductible as a business expense. Under IRS rules IR-93-98 and notice 93-55, the federal government requires exempt organizations to estimate the percentage of a member's dues utilized for lobbying purposes and not deductible as a business expense. It has been determined that 100% of your NARPM® dues is deductible as a business expense.

I understand that membership in the National Association of Residential Property Managers is limited to real estate professionals, their support staff. I agree that all members in my company will abide by the NARPM® Code of Ethics. I affirm that the information contained herein is true and accurate. By holding Company Membership, all members in the company agree to allow NARPM® to send PAC soliciations.

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: \_\_\_\_\_

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: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

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