



National Association of Residential Property Managers

MEMBERSHIP APPLICATION

Email to info@narpm.org or

Mail to NARPM®, 638 Independence Parkway, Suite 100, Chesapeake, VA 23320

Name: _____ Title: _____ Nickname: _____

Broker/Owner or major decision maker in: Employed by: Company Name: _____

Mailing Address: _____

City/ST/Zip: _____ Country: _____

Company Phone: _____ ext: _____ Fax: _____ Home: _____

E-mail: _____ Website: _____

How did you hear about NARPM®? Industry Tradeshow NARPM® Event Website Facebook
 IREM® Ad From a Member Article Mail
 Other (Please indicate) _____

Local Chapter: _____ State Chapter: _____

Referred by: _____

This application is NOT to be completed for Company Membership.

MEMBERSHIP QUALIFICATIONS & DUES

Professional/Associate Members must be engaged in the management of residential properties as an agent for others, or an employee of a company, or employee of a property owner, or employee of an investor, and licensed in those states that require licensing, and agree to abide by the professional and ethical standards of NARPM®. Professional/Associate Members will pay dues in the amount of \$295 less a new member discount of \$50, making the effective dues amount \$245. Includes subscription to *Residential Resource*. **To obtain Professional Membership, an applicant must complete a NARPM® Code of Ethics course, which is offered free to new members.**

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 _____

International Members will pay dues in the amount of \$295 less a new member discount of \$50, making the effective dues amount \$245. Includes subscription to *Residential Resource*. Licensing is currently not required for International Members. International Members are non-voting members of NARPM®.

Support Staff Members must be acting in the role of support in the office of a Professional Member, not acting in a capacity requiring licensure in that state. Support Staff Members are non-voting members of NARPM®. Support Staff Members will pay dues in the amount of \$175 less a new member discount of \$50, making the effective dues amount \$125. Includes subscription to *Residential Resource*.

Company Membership is available to companies with four (4) or more members, which is a combination of Professional and Support members, with two (2) out of the four (4) being Professional members.

Download the application at <https://www.narpm.org/docs/join/applications/companyapp.pdf>

A full year of membership dues 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 1 after joining. 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, and student & academic professionals. I agree to abide by the NARPM® Code of Ethics. I affirm that the information contained herein is true and accurate.

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: _____