



National Association of Residential Property Managers

NARPM® PAC Trustee Application

Name: _____

Company: _____

Address: _____

Phone: _____ E-mail: _____

Years of real estate experience: _____ Years of property management experience: _____

Year joined NARPM®: _____ Position with your firm: _____

Chapter Affiliation: _____

Local chapter offices held (year/ title): _____

Will you have a role at your local chapter this year? _____

Membership in other organizations relevant to your profession or business:

Political involvement/campaign or PAC experience that would be helpful:

Are there any sanctions involving or against you by your state licensing division, or NARPM®?

If yes, please explain: _____

Have you been a NARPM® PAC and/or NARPM Advocacy Fund investor? _____

By requesting appointment to this committee, you agree to take an active role in participating on the committee and in the continual growth of NARPM® PAC.

_____ Applicant signature

**Please e-mail completed application no later than September 11, 2020, to tcraddock@narpm.org.
If you have questions, contact us at (804) 673-5684.**