

Membership Application

Name: _____ Title: _____

Owner/Partner in: Employed by: _____ Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

E-mail: _____ Website: _____

How did you hear about NARPM? Conference Phone Article Mailing
 Member/Word of Mouth Website Other

Local Chapter: _____ State Chapter: _____

Referred by: _____

Membership Qualifications and Dues

Professional Members of the National Association of Residential Property Managers (NARPM):

- *Must be engaged in the management of residential properties as an agent for others and licensed in those states that require licensing.*
- *Agree to abide by the professional and ethical standards of NARPM.*

Professional Member - \$245 - Residential Resource subscription included.

I am in a state requiring a license, so I have included a copy of my license.

I am not in a state requiring a license, I hereby certify that all membership requirements are currently being met.

Support Staff Members of the National Association of Residential Property Managers (NARPM):

- *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 nonvoting members of NARPM.*

Support Staff Member - \$100 - Residential Resource subscription not included.

Dues Note: 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.

Signature of Applicant: _____ Date: _____

I understand that membership in the National Association of Residential Property Managers is limited to real estate professionals and their support staff. I agree to abide by the NARPM Code of Ethics. I affirm that the information contained herein is true and accurate.

Payment Method

Check enclosed in the amount of \$ _____ Check # _____ Date: _____

I authorize NARPM to charge \$ _____ to my: Visa MasterCard Discover AMEX

Card # _____ Exp. Date: _____

Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Cardholder's Phone: _____

Cardholder's Signature: _____

I authorize NARPM to charge my credit card.