## 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. Responsible person understands the company will be charged the yearly dues base fee equaling \$760.00. After the company membership base fee is paid for initial four (4) members, the dues will be \$125 for each additional NARPM® Members and Conditional Members. All members will be listed under the company address.

New NARPM® Members 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 proof of termination.

Responsible Member:				
Title:	Nickname:			
Are you the Broker/Owner or major decision maker? $\ \square$ Yes $\ \square$ No				
New Member to NARPM®? $\Box$ Yes $\Box$ No				
Company Name:				
Mailing Address:				
City/ST/Zip:				
Company Phone:	ext: Contact #:			
Local Chapter:	State Chapter:			
<b>Members in the Company:</b> (The company must have four (4) members two (2) out of the four (4) being Professional members).	, which is a combination of Professional and Support members, with			
Name:	Company Role:			
Chapter:				
Email:				
Address (If different from Company address above):				
City/ST/Zip:				
Name:				
Chapter:	New Member to NARPM®? ☐ Yes ☐ No			
Email:				
Address (If different from Company address above):				
City/ST/Zip:	Country:			
Name:	Company Role:			
Chapter:				
Email:				
Address (If different from Company address above):				
City/ST/Zip:				
Additional Members: Professional Member/Support Staff \$100				
Nama	Company Role:			
Chapter:	. ,			
Email:Address (If different from Company address above):				
City/ST/Zip:				

(Attach additional sheet if needed)

MEMBERSHIP QUALIFICATIONS



## NEW COMPANY MEMBERSHIP APPLICATION (Page 2)

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

A NARPM® 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 membership gaged in the management of residential properties in which I do of the licensing laws of the State of my membership. Initial your affirmation here	not have an ownership in	terest, I do hereby affirn	n that I fully understand the requirements
Residential Resources will be delivered electronically. If com	pany requests, up to for	ır (4) copies can be m	nailed to office address.
Responsible person understands the company will be charge fee is paid for initial four (4) members, the dues will be \$125 pany address.	ed the dues base on fee 5 for each additional NA	equaling \$760.00. Af RPM® Member. All n	ter the company membership base nembers will be listed under the com-
Dues are nontransferable and nonrefundable. NARPM® due be deductible as a business expense. Under IRS rules IR-93- estimate the percentage of a member's dues utilized for lobb that 100% of your NARPM® dues is deductible as a business	98 and notice 93-55, the bying purposes and not	e federal government	requires exempt organizations to
I understand that membership in the National Association of staff. I agree that all members in my company will abide by t and accurate. By holding Company Membership, all membe	the NARPM® Code of Et	hics. I affirm that the	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: ☐ Vis	sa 🗆 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 removed.)			
Card #	Exp. Date:	Sec. Code:	
Billing Zip Code:	_		
Email bo	th pages to info@na	rpm.org	

Revised 12/2024