



National Association of Residential Property Managers

ADD to EXISTING COMPANY MEMBERSHIP (Page 1)

Email both pages to info@narpm.org

New NARPM® Members are billed \$125.

New NARPM® Members have 90 days to complete the new member Ethics course. Failure to do so will result in the company being subject to removal from Company Membership.

Responsible Member: _____ Email: _____

Company Name: _____

Mailing Address: _____

City/ST/Zip: _____ Country: _____

Company Phone: _____ ext: _____ Contact #: _____

Local Chapter: _____ State Chapter: _____

Please check to add additional Company Members: (The company must have four (4) members. Please complete the payment information for new Company members on page 2.)

Name: _____ Company Role: _____

Email: _____ Chapter: _____

Address (If different from Company address above): _____

City/ST/Zip: _____ Country: _____

Name: _____ Company Role: _____

Email: _____ Chapter: _____

Address (If different from Company above): _____

City/ST/Zip: _____ Country: _____

Name: _____ Company Role: _____

Email: _____ Chapter: _____

Address (If different from Company above): _____

City/ST/Zip: _____ Country: _____

Name: _____ Company Role: _____

Email: _____ Chapter: _____

Address (If different from Company above): _____

City/ST/Zip: _____ Country: _____

Name: _____ Company Role: _____

Email: _____ Chapter: _____

Address (If different from Company above): _____

City/ST/Zip: _____ Country: _____

Name: _____ Company Role: _____

Email: _____ Chapter: _____

Address (If different from Company above): _____

City/ST/Zip: _____ Country: _____

(Attach additional sheet if needed)



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MEMBERSHIP QUALIFICATIONS

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 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 _____

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 dues base on 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® 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 solicitations.

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 removed.)

Card # _____ Exp. Date: _____ Sec. Code: _____

Billing Zip Code: _____

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