

# NOVA NARPM APPLICATION

Email to novanarpm@gmail.com.

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Company Phone: \_\_\_\_\_ ext: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Describe your product/service: \_\_\_\_\_

Which **ONE** category **best** describes your company?

Advertising

Insurance

Banking & Financial

Business Products & Services

Maintenance

Legal Services

Internet Tools & Marketing

Software

Tenant Screening

How did you hear about NARPM®?

Industry Tradeshow

NARPM® Event

Website

Facebook

IREM® Ad

From a Member

Article

Mail

Other (Please indicate) \_\_\_\_\_

Referred by: \_\_\_\_\_

## MEMBERSHIP & DUES

Includes your company listing, link to your website and email address (noted above) on [www.novanarpm.org](http://www.novanarpm.org), annual Vendor Spotlight opportunity at member meeting, participation in annual Vendor Expo and eligibility for the NOVA NARPM Affiliate of the Year Award (after membership for one consecutive year).

A full year of Affiliate membership dues is \$300, and must be paid annually. The fee will be prorated for the second year of membership to reflect the partial first year and be due on January 1st after joining. Dues are nontransferable and nonrefundable. Affiliate Member Code of Conduct is attached.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**I understand that Affiliate membership in the National Association of Residential Property Managers is in a non-voting capacity. I understand that my application must be accepted and approved by the NARPM® Board of Directors and I agree to abide by their decision. I affirm that the information contained herein is true and accurate.**

## PAYMENT METHOD

Check enclosed in the amount of \$300.00 via Check # \_\_\_\_\_ Date: \_\_\_\_\_

I authorize NARPM® to charge \$300.00 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: \_\_\_\_\_