

AFFILIATE MEMBERSHIP APPLICATION

For information or questions about registration contact:
Affiliate Chair: Arlene Kim-Kawamoto
PH: (808) 388-9123 EMAIL: ArleneNARPMhawaii@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		☐ Business Products & Services ☐ Maintenance		☐ Internet Tools & Marketing☐ Software		
☐ Banking & Financial		☐ Legal Services		☐ Tenant Screening		
How did you hear about NARPM®? ☐ Industry Tr ☐ IREM® Ad ☐ Other (Plea			☐ NARPM® Event☐ From a Member	☐ Website ☐ Article	☐ Facebook ☐ Mail	
 Monthly Luncheon Disc Opportunity to make a Opportunity to provide 	ount rates for two I-Minute company company informat	(2) Con preser tion and	address noted above on appany Representatives on at Monthly Lunch promotional materials to display Company Info	neons at least fi at Monthly Lun	ve (5) times cheons	
Annual Affiliate	• •	-	1 thru December 3 ble and nonrefundable	=	250.	
I understand that Affiliate Membe (NARPM) is in a non-voting capacit industry. Affiliate members cannot and not a National NARPM Affiliat	y and is limited to tuse the NARPM lo	those p	rofessionals who provide aware I am only an Affilia	a service to the late Member of N	Property Management IARPM - Oahu Chapter	
Signature of Applicant:				Date:		
PAYMENT METHOD						
Check enclosed in the amount of \$250 via Check #				Date:		

Mail to: NARPM, PO Box 1353, Aiea, HI 96701

 $\hfill\square$ Please contact me for an alternate form of payment, i.e. credit card.