

# AFFILIATE MEMBERSHIP APPLICATION

**For information or questions about registration contact:**  
**Affiliate Chair: Arlene Kim-Kawamoto**  
**PH: (808) 388-9123 EMAIL: [ArleneNARPMhawaii@gmail.com](mailto: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?  Business Products & Services  Internet Tools & Marketing  
 Advertising  Insurance  Maintenance  Software  
 Banking & Financial  Legal Services  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

- Company information, website, and email address noted above to be added to the monthly luncheon invites and [www.oahu.narpm.org](http://www.oahu.narpm.org).
- Monthly Luncheon Discount rates for two (2) Company Representatives
- Opportunity to make a 1-3 minute company presentation at Monthly Luncheons
- Opportunity to provide company information and promotional materials at Monthly Luncheons
- RSVP by the Friday before the in-person Monthly Luncheon to display Company Information on ½ of a 6' White Table
- Special pricing for event sponsorship

**Annual Affiliate Membership (March 1 to February 28) dues are \$250.**  
***Dues are nontransferable and nonrefundable. No prorations.***

I understand that Affiliate Membership in the Oahu Chapter of the National Association of Residential Property Managers (NARPM) is in a non-voting capacity and is limited to those professionals who provide a service to the Property Management industry. Affiliate members cannot use the NARPM logo. I am aware I am only an Affiliate Member of NARPM - Oahu Chapter and not a National NARPM Affiliate. I affirm that the information contained herein is true and accurate.

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**

Payment link to pay via credit card (Service charge applies): <https://square.link/u/1IRkoYez>