

Manager Membership Application

Last Name* (print clearly please), Fir	st Name*		CAM License Number	
Home Address			City/State/Zip	
Personal Email (if applicable)*			Cellular Phone*	
Management Company*			Business Email Address*	
Business Address			City/ State/ Zip	
Direct Line* (See Below)			Business Fax	
I am interested in contributing to the This amount will be included on your Please check the following that apple	invoice and/or charged with y	-	ollowing amount: \$10 \$25 \$5 able.	0 □ \$75 □ Other
I've been in the Community Manager ☐ 1-3 years ☐ 4-6 years	nent Industry for:	☐ 11-15 years	☐ 16-20 years ☐	over 20 years
I am interested in serving on the follo			t apply):	Other
☐ Administrative ☐ Communit I also belong to:	y Service	g Legislative Mem	pership ☐ Newsletter ☐ Programs	☐ Social Media
My status as a Manag Real Estate Division and con I understand that by pr on behalf of NACM via regul I understand that by other members, including A	er Member is contingent up apliance with the NACM Code oviding my mailing address, e ar mail, email, telephone or fo providing my mailing addres. Afiliate Members via regular	on continued payment of memb of Ethics. mail address, telephone number ax. All required fields are marked s, email address, telephone nun mail, email, telephone or fax.	the following: (please initial each of the ership fees, an active Community Mana is, and fax number, I am agreeing to rece with an (*). If any of this information chapter, and fax number, I am agreeing to I further understand NACM is designed unities would not be made available.	ger's li cense with the Nevada ive communications sent by or anges, I will notify NACM. o receive communications from
your application, please complete to invoiced by square, please advise be	e form of a personal or the information below. This low. Please note that credit c a	 business check or by cred information will be kept on fil ard transactions will be charged 	ugh the mail or via email. Payme dit card. If you would like to pay by e for the duration of this membership pe a 4% fee. For all NACM events, please no esult in an inability to register for future	riod. If you wish to be ote that a \$15.00 fee will be
☐ Invoice by Square	□ Visa	☐ MasterCard	☐ American Express	□ Discover
Name on Card (exact):		Card Num	ber:	
Expiration Date: Mo/ Year	Mailing Address "Zip	Code":	CVV2 Code (back of card):	
Manager Membership Fees are \$75. ☐ Please send me a receipt via ema	• •	y 1st - December 31st		
authorization for any additional unr	elated debits or credits to m valid for one- time use only.	y account. This payment author I certify that I am an authorized	e. This is permission for a single transac ization is for the Annual Manager Mem user of this credit card and that I will no	bership Fee for NACM, for the
Signature for payment authorization for credit ca	rd only		Date	
Photo/Video Disclaimer				
			raph/video taken at any event sponsored n/video. NACM may use the photograph	· · · · · · · · · · · · · · · · · · ·

media material produced, used or contracted by NACM including but not limited to: brochures, invitations, books, newspapers, magazines, television, websites, etc. Any person desiring not to have their photo taken or distributed must contact NACM in writing of his/her intentions and include a photograph of reasonable likeness.

RETURN THIS FORM TO:

The Nevada Association of Community Managers, Inc.
PO Box 30874, Las Vegas, NV 89173 Or email it to:
NACM@NACMonline.net

NACM will use the photo for identification purposes and will hold it in confidence.

 For Office Use Only:
 Date Pd/ Chgd. ______ Amt Pd/ Chgd. ______ CC/Chk # ______

 Roster Dir. □
 Receipt □
 Dist. List □

 Member Docs □
 Committee □ Notes:

