



# Management Company Membership Application

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

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Main Number \_\_\_\_\_

Fax \_\_\_\_\_

Website \_\_\_\_\_

Executive Member \_\_\_\_\_

Direct Line \_\_\_\_\_

Cell Phone \_\_\_\_\_

Business Email Address \_\_\_\_\_

Executive Alternate Contact \_\_\_\_\_

Direct Line \_\_\_\_\_

Cell Phone \_\_\_\_\_

Business Email Address \_\_\_\_\_

**We are interested in contributing to the Legislative efforts of NACM by making a donation in the following amount:**

\$25  \$50  \$100  \$500  Other \_\_\_\_\_

*This amount will be included on your invoice and/or charged with your electronic payment if applicable.*

*We are interested in serving on the following committee(s) during the membership period (check all that apply):*

- Administrative
- Community Service
- Event Planning
- Legislative
- Membership
- Newsletter
- Programs
- Social Media

**Please fill out the following page to provide the names and contact information for each community manager.** *By signing below, you understand and agree that membership is granted to all listed community manager employees. Should any manager leave this company, you are responsible for contacting NACM within 30 days to transfer membership to a new party. If no request is made to transfer membership within 30 days of a change, the originally listed community manager member will retain the membership, and membership must be purchased for any new community manager employees.*

**Membership is required for attendance at all NACM sponsored events. For all events, please note that a \$15.00 fee will be charged for all no shows and cancellations less than 48 hours in advance. Unpaid balances will result in an inability to register for future events.**

This application may be submitted directly to NACM via email. Payments must accompany the application and may be made via credit card at the QR code or link provided or in the form of a personal or business check. For information about returned checks, please visit [www.nacmonline.net](http://www.nacmonline.net) for our Returned Check Policy.

**PAYMENT OF MEMBERSHIP FEES BY CREDIT CARD OR CHECK:**

If you would like to pay by **credit card**, please use the provided link or QR code. **(A 4% convenience fee will be added to the charge.)**

If you would like to pay by **check**, please mail this application and payment to: P.O. Box 30874 Las Vegas, NV 89173

**Payment Amount:** Total owed = # of desired memberships X \$75

**10% Discount:** Signing up 3 or more members? If so, apply a 10% discount to your total membership fees.

**Legislative Efforts Contribution:** \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

By signing this form I give NACM permission to debit my account for the amount indicated above. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to my account. This payment authorization is for the Annual Manager Membership Fee for NACM, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Signature \_\_\_\_\_

Date \_\_\_\_\_





## Manager Memberships

Last Name, First Name

CAM License Number

Email Address

Phone Number

Last Name, First Name

CAM License Number

Email Address

Phone Number

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