



# Candidate Manager Membership Application

Last Name (print clearly please), First Name \*

Home Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Personal Email\* \_\_\_\_\_ 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 Legislative efforts of NACM by making a donation in the following amount:  \$10  \$25  \$50  \$75  Other \_\_\_\_\_  
This amount will be included on your invoice and/or charged with your electronic payment if applicable.

**Please check the following that apply.**

I've been in the Community Management Industry for:

- 1-3 years       4-6 years       7-10 years       11-15 years       16-20 years       over 20 years

I am currently involved with managing:

- Single Family Homes       On-Site Community       Master Plan       Condos       Mixed Use       Other \_\_\_\_\_

I am interested in serving on the following committee(s) during the membership year (check all that apply):

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

By signing below, I hereby apply for membership as a Candidate Manager Member of The Nevada Association of Community Managers, Inc. (NACM). I understand that all memberships expire on the 12 month sign-up date. As an active Candidate Manager Member of NACM, I agree to the following: **(please initial each of the following statements)**

- \_\_\_\_\_ My status as a Candidate Manager Member is contingent upon continued payment of membership fees, and compliance with the NACM Code of Ethics.
- \_\_\_\_\_ I understand that by providing my mailing address, email address, telephone numbers, and fax number, I am agreeing to receive communications sent by or on behalf of NACM via regular mail, email, telephone or fax. All required fields are marked with an (\*).
- \_\_\_\_\_ I understand that by providing my mailing address, email address, telephone number, and fax number, I am agreeing to receive communications from other members, including Affiliate Members via regular mail, email, telephone or fax. I further understand NACM is designed to provide educational and networking programs and without support of our industry service providers, these opportunities would not be made available.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT OF MEMBERSHIP FEES :** This application may be submitted at a NACM event or through the mail/email. Payments must accompany the application and may be made in the form of a personal or business check or by credit card. For information about returned checks, please visit [nacmonline.net](http://nacmonline.net) for our returned check policy. If you would like to pay by credit card and mail in your application, please complete the information below:

- Visa       MasterCard       American Express       Discover

Name on Card (exact): \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: Mo \_\_\_\_\_ / Year \_\_\_\_\_ Mailing Address "Zip Code": \_\_\_\_\_ CVV2 Code (back of card): \_\_\_\_\_

**Candidate Membership Fees are \$60 for a calendar year.**

Please send me a receipt via email.

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. **\*\*Please note a 4% convenience fee will be added to all charges.**

Signature for payment authorization for credit card only \_\_\_\_\_ Date \_\_\_\_\_

**Photo/Video Disclaimer**

The Nevada Association of Community Managers ("NACM") reserves the right to use any photograph/video taken at any event sponsored by NACM or any of its agents or members, without the expressed written permission of those included within the photograph/video. NACM may use the photograph/video in publications or other 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. NACM will use the photo for identification purposes and will hold it in confidence.

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|--|---|------------------------------------|-------------------------------------|
| <b>RETURN THIS FORM TO:</b><br><b>The Nevada Association of Community Managers, Inc.</b><br>7260 W. Azure Drive, #140-123, Las Vegas, NV 89130<br>Or email it to: <a href="mailto:NACM@NACMonline.net">NACM@NACMonline.net</a> | <b>For Office Use Only:</b> Date Pd/ Chgd. _____ Amt Pd/ Chgd. _____ CC/Chk # _____ |                                    |                                     |
|  | Roster Dir. <input type="checkbox"/>  | Receipt <input type="checkbox"/>   | Dist. List <input type="checkbox"/> |
|  | Member Docs <input type="checkbox"/>  | Committee <input type="checkbox"/> |                                     |
|  | Notes:  |                                    |                                     |
|  |   |                                    |                                     |