Manager Membership Application

Last Name* *(print clearly please),* First 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 Legislative efforts of NACM by making a donation in the following amount: o $10 o $25 o $50 o $75 o 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:
o 1-3 years o 4-6 years o 7-10 years o 11-15 years o 16-20 years o over 20 years

I currently manage:
o Single Family Homes o On-Site Community o Master Plan o Condos o Mixed Use o Other _____

I am interested in serving on the following committee(s) during the membership year (check all that apply):
o Administrative o Community Service o Event Planning o Legislative o Membership o Newsletter o Programs o Social Media

I also belong to:
o CAI o CAMEO o IREM o GLVAR o Other _____

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

_____ *My status as a Manager Member is contingent upon continued payment of membership fees, an active Community Manager's license with the Nevada Real Estate Division 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 Afiliate 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, through the mail or via 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 for our returned check policy. If you would like to pay by credit card and mail in your application, please complete the information below. This information will be kept on file for the duration of this membership period: **Please note that credit cards will be charged a 4% fee.**

oVisa o MasterCard o American Express o Discover

Name on Card (exact): _____ Card Number: _____

Expiration Date: Mo_____/ Year_____ Mailing Address "Zip Code": _____ CVV2 Code (back of card): _____

Manager Membership Fees are $60 and good for a full 12 months from payment date.

o 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.

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 it's 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.

RETURN THIS FORM TO:
The Nevada Association of Community Managers, Inc.
7260 W. Azure Drive, #140-123, Las Vegas, NV 89130
Or email it to: NACM@NACMonline.net

For Office Use Only: Date Pd/ Chgd. _____ Amt Pd/ Chgd._____ CC/Chk # _____
Roster Dir. o Receipt o Dist. List o
Member Docs o Committee o
Notes: