



**DCMA MEMBER APPLICATION**

DATE \_\_\_\_\_

New memberships are first voted on by the currently elected DCMA Board of Directors. Once accepted, the application is taken to a vote at a following DCMA Regular Membership Meeting to be voted on by the Full/Management Members with voting rights in attendance. Applicants will be invited to said meeting to introduce themselves. Once approved, applicants will receive a DCMA Welcome Letter with more information about the organization and upcoming meetings as well as payment information.

Association Member

Property Mgmt Company

Business Member

Business/Association Name: \_\_\_\_\_

Company Contact Name and Title (this should be the person we contact about meetings and events):  
\_\_\_\_\_

Membership Billing Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Contact Cell #: \_\_\_\_\_

Valid Email Address: \_\_\_\_\_

Company Web Address: \_\_\_\_\_

Years in Business locally: \_\_\_\_\_

Current Local Organization Memberships: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special Skills, Certificates, Credentials: \_\_\_\_\_  
\_\_\_\_\_

Would you be interested in serving on a DCMA Committee?                      YES                      NO

**If applying as a Business Member:**

What type of business/Scope of Work do you offer:  
\_\_\_\_\_  
\_\_\_\_\_

Please Provide TWO current DCMA member references with accurate contact information:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_