



National Association of Residential Property Managers  
S O U T H W E S T I D A H O C H A P T E R

**AFFILIATE MEMBERSHIP APPLICATION**

Vendor affiliate applications are reviewed once per month by the Chapter Board of Directors. First member is \$500 annually. Second member from the same company is \$250 annually. An invoice will be sent via QuickBooks which is due upon receipt or checks can be made out to: Southwest Idaho Chapter NARPM. Payment in full will be required within 3 business days of submitting your application. Membership dues include breakfast at the monthly meetings, 1 booth at the vendor fair, and 1 Christmas dinner party meal. For more information contact the membership committee or visit us on the web: <http://www.narpmswidaho.org>

***Deliver completed application and membership dues to: Tim McCleary @ [timjimmccleary@gmail.com](mailto:timjimmccleary@gmail.com)***

Company Name: \_\_\_\_\_ Member Name: \_\_\_\_\_

Title: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Website: \_\_\_\_\_

Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Services/Supplies Offered: \_\_\_\_\_

Special advantages/discounts your company offers: \_\_\_\_\_

Referred or recommended by: \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_ Idaho Contractors # \_\_\_\_\_

(Attach copy of certificate w/ this application)

Length of time in business: \_\_\_\_\_ Number of years in this field: \_\_\_\_\_

Is this company a Franchise?  Yes  No

Does your company have Worker's Compensation Insurance for you and your employee's?

Yes  No If yes, name of insurance company: \_\_\_\_\_

Does your company have Liability Insurance?

Yes  No If yes, name of insurance company: \_\_\_\_\_

Are you a member of any other organizations?

Yes  No If yes, name of insurance company: \_\_\_\_\_

**Please provide us with two local references and a bank reference:**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Length of Relationship: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Length of Relationship: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Length of Relationship: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Length of Relationship: \_\_\_\_\_ Contact Person: \_\_\_\_\_

I/We understand that Affiliate Membership in the Southwest Idaho Chapter of the National Association of Residential Property Managers (NARPM) is limited to those professionals that provide a service to the property management industry. I/We understand that affiliate membership does not constitute an endorsement of the Affiliate's products or services. NARPM makes no representations or warranties regarding the equality of products or services of the Affiliate Members. I/We agree to hold NARPM free and harmless or any liability for wrongful or negligent acts, or omissions of the applicant or of the applicant's agents or employees. I further agree to abide NARPM's codes of ethics, governing laws, rules and regulations, and principles.

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