PIERCE COUNTY CHAPTER AFFILIATE MEMBERSHIP APPLICATION

Your Company Name:		Website:			
Phone:	Fax:	email:_			
Company Contact:		Title:			
Address:	City:		St:	Zip:	
Service Offered:					
Advantages to using our service	es:				
		Discount	for NARPM r	nember?	
Referred By:					
Additional Company contacts:					
Names: Title:		Phone	#:		
Names: Title:		Phone	#:		
References:					
Company or person:		Phone #	:		
Company or person:		Phone #	:		
Company or person:		Phone #	:		
Contractor's License#:		Pending:	Not Require	ed:	
Business License #:	Insurance Co:				
I understand that Affiliate Membershipservice to the Property Management In Affiliate's product or service. NARPA Affiliate Members. I agree to hold NA Applicant, their agents and/or employed	ndustry. I understand that Affili M makes no representations or w ARPM free and harmless of any	ate Membership does varranties regarding t	s not constitute an he quality of prod	endorsement of the lucts or services of	
Signed:	Date:				
Prorated charge for through December 31st. Your as following year. Thank you for your interest and Please complete the information to:	support in NARPM.	invoice of \$375 v	will be sent in		
	Pierce County Chap				
	c/o Park	5 5 7.			

PO Box 9038 Tacoma, WA 98490

Attn: Carrie

Questions: Affiliate Chair Lucy Fausto at lucy@orcainfo-com.com, or Carrie Jakeman-Swafford at 253-473-5200 / carrie.j@park52.com.