



Nor Cal Rental Property Association

ASSOCIATE MEMBERSHIP APPLICATION		DATE			
Names (s)		Business #	()		
Designated Rep.		Contact #	()		
Address					
City		State		Zip	
E-mail Address		Fax Number			
How did you hear about the association?					
Name of the person who referred you					

ANNUAL MEMBERSHIP INVESTMENT

Associate Member/Industry Partner: Products and services that support owners in their efforts to improve the quality, appearance, maintenance and operations of their units.

With your membership you'll receive a one month advertising trial period on our website with a link to your site. Plus, receive a 25% discount on continuing advertising, a listing in the NCRPA and GSHP Vendor Directory, and one time Email Blast to your clients with our assistance, *materials NOT provided**, along with sponsorship opportunities, 25% discount on tradeshow booths, discounted rates on workers comp insurance, health insurance for individuals and businesses, and renters insurance. Networking opportunities, for example, include hosting and sponsoring events that best hit your target groups while marketing and promoting your products and/or services.. (NON-REFUNDABLE)

**Please call our service office for details.*

\$ 225.00

The undersigned, agrees to provide repairs, conform to any code within the time specified by a government agency, will conform to standards found in the SJCRPA & NAA *CODE of ETHICS, CODE for EQUAL HOUSING OPPORTUNITY and the RESIDENT BILL of RIGHTS.*

The Applicant, their agents and employees agree not to give, lend, sell, publish or distribute in any manner whatsoever any forms provided by the Association.

The Revenue Service Act of 1987, (carrying a non-compliance penalty of \$1,000.00 per day offense) requires your Association to advise you that contributions or gifts to the Association are not deductible by members as charitable contributions for federal income tax purposes.) However, dues payments are deductible as ordinary and necessary business expenses. For your safety, ask your accountant.)

Applicants Signature _____ **Co-Applicants Signature** _____

Payment Method: Check MasterCard Visa
 Name on card _____
 Card Number _____
 Expiration date on card ____ / ____ / ____
 Date Joined ____ / ____ / ____

You are welcome to fax mail or email your completed application to the contact information listed above. Please make checks are payable to: **NCRPA**

PLEASE PRINT name of Officer from the Board: _____

SIGNATURE of approval from Officer of the Board: _____

Date: ____ / ____ / 20____