



NORTH CAROLINA VACATION RENTAL MANAGERS ASSOCIATION

MEMBERSHIP APPLICATION

Full Name (as it appears on license)_____

License Number_____ NRDS Number (if applicable)_____

Email_____

Home Address_____

Home Mailing Address_____

Cell Number_____ Home Number_____ Home Fax Number_____

Office Name_____

Number of Units Represented_____ Office License Number_____

Position in Office_____

Office Street Address_____

Office Mailing Address_____

Office Phone Number_____ Office Extension _____

Office Direct Dial_____ Office Fax Number_____

Preferred Mailing Address: Home mailing Office mailing address

Preferred Phone Number: Home Cell Office

Preferred Fax Number: Home Office

Primary Field of Business_____

Signature_____ Date_____

MEMBERSHIP FEES (YEARLY MEMBERSHIP: JANUARY – DECEMBER)

_____ Subscribing Member

Subscribing member is the office and its representative.

Application Received: January – June

a) 1 – 99 units \$100_____
b) 100 – 299 units \$200_____
c) 300+ units \$300_____

July – December

\$50_____
\$100_____
\$150_____

_____ Office Additional Representative(s)

Additional office representative(s). Please use the last page to complete additional representatives contact information.

\$75_____ \$37.50_____

_____ Supplier

Vendors, others with related interests in our industry (non-voting).

\$500_____ \$250_____

PAYMENT

Amount Due_____

Your membership and interest is vital for our organization to be effective in protecting and promoting the vacation rental industry in North Carolina.

Paying by Check

Please make check payable to **NCVRMA** and submit with your completed application to:

NC REALTORS®, 4511 Weybridge Lane, Greensboro, NC 27407.

Paying by Credit Card

Complete the following only if paying by credit card. A completed copy of the application can be emailed to adaugherty@ncrealtors.org or faxed to (336) 299-7872.

Credit Card Type: Visa MasterCard American Express

Credit Card Ownership: Individual Corporate Card

Credit Card Number_____

Expiration Date_____ Three-digit Code_____ Billing Zip Code_____

Name on the Card_____

Signature of Card Holder_____

North Carolina Vacation Rental Managers Association

4511 Weybridge Lane, Greensboro, NC 27407 | Phone: (336) 294-1415 | Fax: (336) 299-7872

ADDITIONAL MEMBER REPRESENTATIVE NAMES AND CONTACT INFORMATION

Name_____ Email_____

Cell Phone_____ Office Name_____

Office Address_____

Office Phone_____

Name_____ Email_____

Cell Phone_____ Office Name_____

Office Address_____

Office Phone_____

Name_____ Email_____

Cell Phone_____ Office Name_____

Office Address_____

Office Phone_____

Name_____ Email_____

Cell Phone_____ Office Name_____

Office Address_____

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Office Phone_____