

**NORTH TEXAS RENTAL PROPERTIES ASSN.**

P.O. BOX 55  
WICHITA FALLS, TX 76306  
PHONE (940) 322-7667 FAX (940) 855-4631

**MEMBERSHIP APPLICATION**

Being acquainted with the North Texas Rental Properties Association, I hereby apply for membership and enclose payment for the first year's dues. I understand that the renewal date is June 1<sup>st</sup> of each year, and I will be invoiced for the pro-rated portion of my dues until June 1<sup>st</sup> of the following year.. We are a property-based association - each multi-family complex must have an individual membership.

COMPANY \_\_\_\_\_ PRIMARY CONTACT \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Business Reference \_\_\_\_\_ Contact \_\_\_\_\_

Recommended by NTRPA Member \_\_\_\_\_ Bank \_\_\_\_\_

I am applying for the following membership classification :

\_\_\_\_\_ OWNER/MANAGER TOTAL NUMBER OF UNITS OWNED OR MANAGED \_\_\_\_\_

Please list properties, description and locations on back of this sheet.

\_\_\_\_\_ ASSOCIATE MEMBER Product/Service/Supplier BUSINESS TYPE \_\_\_\_\_

Product or Service \_\_\_\_\_  
(List products for your listing in the Buyers Guide)

Membership Classifications

**OWNER/MANAGER MEMBERS:**

A Owner/Manager of rental housing in the counties of Wichita, Clay, Foard, Knox, Archer, Baylor, Wilbarger, Young, Throckmorton, Hardeman, and Montague. Also included are Management Companies and Licensed Real Estate Brokers acting as Leasing Agents..

**ASSOCIATE MEMBERS:**

A vendor of products and/or services to the apartment and rental housing industry.

Applicants for Owner/Manager Membership must certify that by signature below, that managers and properties listed on the back of this form are genuine and on-going businesses in existence as of the date of this application and that all the information her-in is correct as of this date, and I agree to certify annually hereafter the number of units operated on the renewal date of my membership. In the event of termination of my membership in the Association for any reason, I agree to discontinue the use of it's insignia, business forms, leases, and any representation that I am a member hereof.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  
(List names and addresses of owned/managed properties on back of this form)

FOR ASSOCIATION USE ONLY:

Start date \_\_\_\_\_ Mbr# \_\_\_\_\_ TAA# \_\_\_\_\_ NAA# \_\_\_\_\_ LTR SENT \_\_\_\_\_

Board Initials \_\_\_\_\_ Date Approved \_\_\_\_\_  
Remarks \_\_\_\_\_