



2019 Property Management Association of Clarksville
(PMAC)
Membership Application

1. Name: _____

2. Mailing Address: _____

3. On Site Name of Community(s): _____

Location Address _____

City State Zip _____

Off Site Name of Community(s): _____

Location Address _____

City State Zip _____

4. Main Phone: _____ Mobile Phone: _____

Fax: _____ Other: _____

5. EMAIL: _____

6. Website for property or company if off site: _____

Management Company: _____

Unit Mix

Apartment Community Number of Units: _____

Town Homes: _____ Condo _____

Single Family Home: _____ Commercial _____

Communications Consent (optional)

Our Property Management Association of Clarksville Group shares information with our members through our Web Site, social media, printed materials, emails, pictures/videos and faxes, & Fair Housing news letter from the office of Angelita Fisher. To receive this information please read and complete the following information. I understand that by providing the information below and signing this form that I am consenting to receiving communications sent via facsimile and email by, or on behalf of, the PMAC. This consent will be in effect until such time as I revoke permission for the organizations listed above to communicate with me.

Name of person authorized to provide consent:

Company/Community providing consent:

Email address & Fax number for which consent is being provided:

*All membership applications are presented to the Board of Directors once a month for approval.

*All membership dues are Not prorated regardless of month that you join.

* Cost Per Individual is \$50.00 Annually

Signature: _____ Date _____

Approval
Signature _____ Date _____