



2019 PMAC Renewal Form

Name: _____ Title: _____

Email: _____ Cell: _____ Phone: _____

Address: _____

Have you changed Positions or Companies? _____ If Yes please Provide the following information:

Name of Community(s): _____

Location Address _____ City _____ State _____ Zip _____

Main Phone: _____ Fax: _____ Other: _____

EMAIL: _____

Website for property or company: _____

Unit Mix

Apartment Community(s): _____ Number of Units: _____

Town Homes: _____ Condo _____

Single Family Home: _____ Commercial _____

Communications Consent

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 PMAC. This consent will be in effect until such time as I revoke permission for the organizations listed above to communicate with me.

Signature: _____ Date _____

PMAC
Signature _____ Date _____

*All membership dues are Not prorated regardless of month that you join.** Cost Per Individual is \$50.00 Annually