



ASSOCIATE MEMBERSHIP RENEWAL

We appreciate your involvement in our association and we look forward to another great year together. Please help us update our files by filling out the information below. Thank you!

MEMBER INFORMATION

Name of Individual: _____ Company: _____

Mailing Address: _____

Physical Address: (If different from mailing) _____

Work Phone: _____ Home Phone: _____ Fax: _____

Email: _____

Up to 2 people per company are allowed to join on one membership. Name of Member 2: _____

Email: _____

Additional Staff Memberships at \$50.00 each (3rd person or more); please attach names and email addresses on a separate sheet.

PROFESSIONAL PROFILE

How would you like to contribute to the Richmond Property Owner's Association in the coming year? (Check all that apply)

- Membership Fundraising Humanitarian Political Activity Programs Publicity Newsletter City Relations
 Hospitality Education Public Relations Other: _____

RPOA CODE OF STANDARDS

We consider our profession an honorable one, and in providing people with their homes we consider it our cardinal duty to exemplify the highest standards of our profession. The following is our code of conduct:

1. We stand for providing apartments that are clean, well kept, sanitary and safe.
2. We stand for renovation and upgrading and decry all forms of blight and neglect.
3. We stand for honesty and respect in all our enterprises.
4. We stand for enhancing the quality of life of our residents.
5. We stand for loyalty to our fellow members and seek to refrain from any practice that will discredit the Association's stature and reputation.
6. We stand for upholding all laws, acts and codes that enforce quality and fairness in housing.
7. We stand for the continuing education of all our members.
8. We stand for cooperation with any entity that shares our effort to enhance the public image of our profession.
9. We stand for doing business in accordance with the Fair Housing laws and the Virginia Residential Landlord and Tenant Act.

- I certify that the information contained herein is true and complete to the best of my knowledge and I understand that if my membership is renewed, falsified statements on this form shall be grounds for the termination of my membership. Further, I agree to uphold the RPOA Code of Standards in all my business dealings and that failure to do so may result in the termination of my membership.

Signature of applicant

Date

FOR RPOA OFFICE USE ONLY:

Date reviewed by the Richmond Property Owners Association

Executive Board: ____/____/____

Comments: _____

Application status: Accepted Declined