

Designation Application

*Congratulations on your decision to improve your professional skills as a
Property Management Expert (PME™)!*

To apply, you must be a member of FARPM, Inc.

Please complete the following:

Name: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____ Website: _____



Requirements:

1. Be a FARPM, Inc. member in good standing. Please indicate your FARPM, Inc. membership date: ___/___/20__
2. \$150 Application Fee
3. Attain the PRM™ Designation*
4. Demonstrate at least 3 years experience in property management*
5. Complete eight (8) half day advanced classes (PMA 105 - PMA 125)*. List courses taken and the completion date for each:

Course #	Course Title	Completion Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* **Mutual Recognition to CPMs and MPMs:** Effective through 12-31-08, if you hold either of these designations you may waive all requirements except FARPM, Inc. membership and the \$150 Application Fee. If this applies to you, please affix your signature here: _____

Application Completion:

I hereby certify the above information to be truthful and accurate. I further certify that I am a member of FARPM, Inc. in good standing. I have completed the above training programs or have earned designations which allow me to apply for the PME™ Designation and have included the appropriate application fee.

Submitted this _____ day of _____, 20__

by: _____
Print Your Name

Signature

Please allow 4 – 6 weeks for validation and processing. Upon completion, you will receive your certificate and PME™ Designation Pin. Please wear your PME™ pin proudly to all property management functions as it represents that you are a professional in your industry.

Payment Options:

Credit Card

Credit Cards Accepted: __Visa __MC __Discover __AmerExp
 Card # _____
 Name as it appears on card: _____
 Expiration Date: _____ Card Zip Code: _____(required)
 Authorized Signature: _____

Fax to: (407) 262-8397

Check

Please mail completed application & check to:

FARPM, Inc.
659 Maitland Avenue
Altamonte Springs, FL 32701