

# Property Management Member - Corporate

Corporate membership for property management of resorts (HOAs, COAs or POAs).

## Property Management Members

**Dues \$3,100 - \$18,500**

Annual dues are based upon the total number of keys/units managed.

Please select one:

Level	DUES
<input type="checkbox"/> <b>Level M1</b> 4,000 units +	\$18,500
<input type="checkbox"/> <b>Level M2</b> 2,000–3,999 units	\$12,500
<input type="checkbox"/> <b>Level M3</b> 1,000–1,999 units	\$6,200
<input type="checkbox"/> <b>Level M4</b> < 999 units	\$3,100

### Please select your primary business:

- Hospitality
- Rental Company
- Resort Management Company
- Resort Services
- Other: \_\_\_\_\_

## Applicant Contact Information

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_  Business  
 Residence

Mailing Address \_\_\_\_\_

City | State/Province | Postal Code | Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Web Address \_\_\_\_\_

### Payment Options

Payment must accompany application to be processed.

**Check** (payable to ARDA in U.S. dollars drawn on U.S. bank)

Check number: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

**Wire instructions email us at membership@arda.org**

**Credit Card**  American Express  Visa  MasterCard

\_\_\_\_\_ / \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Print Name on Card \_\_\_\_\_ Today's Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ CVV Code \_\_\_\_\_


AMOUNT: \$ \_\_\_\_\_

While contributions or gifts to ARDA are not deductible as charitable contributions for federal income tax purposes, they may be deductible as ordinary and necessary trade or business expenses. We estimate that 15% percent of members' 2024 dues will be allocable to lobbying and political expenses. Therefore, you should deduct only the remaining 85% of your ARDA dues for federal tax purposes.

### How did you hear about us? Industry Reference (if applicable)

\_\_\_\_\_

### ARDA Code of Standards & Ethics

 Now and in the future, I agree on behalf of my company to observe and abide by the ARDA Code of Standards & Ethics.

I acknowledge on behalf of the applicant that I have read, understand and agree to abide by the ARDA Code of Standards & Ethics.

The complete ARDA Code of Standards & Ethics can be found online at [www.arda.org/about-us/code-ethics](http://www.arda.org/about-us/code-ethics)

### Affiliate / Subsidiary Disclosure

Please list all affiliated/subsidiary companies (if any) of applicant doing business in the vacation ownership industry:

\_\_\_\_\_

Please list all companies (if any) doing business in the vacation ownership industry in which the applicant or its principals are investors:

\_\_\_\_\_

### Send application and payment to:

**American Resort Development Association**  
Attn: Membership  
1201 15th Street, N.W., Suite 400, Washington, DC 20005  
p (202) 207-1074 f (202) 289-8544 email: membership@arda.org

Notes: All applications are vetted through our ARDA ethics review board. Once your application has been received, a member experience associate will contact you to review and process your application. Thank you!