

MEMBERSHIP APPLICATION

Name:			FITTN:		
Email:			Web Site:		
Address:		City:		ST:	ZIP:
Please Check One:	□ Broker	☐ Salesperso	on		
Fields of Specialty: □ Sales □ Leasing □ Management	(check all that apply) ☐ Industria☐ Retail☐ Office	ıl	☐ Investment☐ Consulting☐ Appraisal		☐ Exchanging ☐ Other:
Designations: (Che □ ABR □ ALC □ CCIM	ck all that apply) CMCP CMP CRE		□ CSM □ MAI □ RPA		□ SIOR Others:
competence which on the second of competence considers the facts are	are reasonably expected or specied or specialized profest or the specialized profest or the special or special	d in the specific re ssional services co e assistance of one lient. Any persons	al estate disciplines in oncerning a type of portion of the who is competent of the servide of the servine of	n which they roperty or se on such types	standards of practice and vengage; REALTORS® shall ervice that is outside their sof property or service, or ance shall be so identified
		MEMBER'S CE	<u> </u>		
be in violation of as a Commercial		qualified to be a reck one): to conform to the	member of the Comn	nercial Coun	general public, I will not cil and to hold myself out etence which are
☐ I am under ti	ne regular supervision a he standards of practice	nd/or training of s	•		
☐ Supervisor's	Name:		Firm:		
	☐ I am the managing bro☐ I have obtained my m		pproval as evidenced	d by the signa	ature below*.
Member:					
	Signature			Date	
member will offer co applicant's certificat	KER'S CERTIFICATION: An ommercial real estate set ion regarding their ability of Commercial REALTO	ervices generally. I by to conform to th	have confirmed the i	nformation a	above, including the
Managing Broker:		C!		_	2
		Signature			Date