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Equipping the world's best minds in commercial real estate

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Fill out the form on the back of this page or call (800) 621-7027, ext. 3100.





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Application for Associate Membership

Name: _____ Date: _____

Company: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Residence Phone: _____ E-mail Address: _____

Other Designation(s) Held: _____

My payment of \$995 U.S. dollars is enclosed or credit card information is provided.

, the undersigned, hereby apply for associate membership in the CCIM Institute. In making this application, I hereby fully understand the contents and force of this agreement and bind myself to it. I understand that I must pay annual dues in a timely manner in order to remain a member in good standing with the CCIM Institute. Annual Dues are currently \$995, which includes \$38 for an annual subscription to the *Commercial Investment Real Estate* magazine. As an associate member, I shall be bound by the CCIM Institute's Bylaws and CCIM Code of Ethics. I hereby waive all claims against the CCIM Institute or any of its officers, members, or employees as individuals or as a group, for any official act in connection with the business of the CCIM Institute, including but not limited to acts admitting me to associate membership, advancing me as an associate member, or suspending, expelling, or otherwise disciplining me as an associate member. I understand that in order to retain associate membership status, I must maintain my membership in good standing with the CCIM Institute. I understand that the CCIM designation is a federally registered trademark and that the CCIM Institute has the authority to license the designation to its members upon certain terms and conditions. I shall not use the CCIM designation in any manner including the designation name, initials or emblem in my advertising, brochures, contracts or documents until I have earned the designation. I understand that misuse of the CCIM designation, violation of the CCIM Institute Bylaws, CCIM Code of Ethics, or the commission of criminal or other unlawful activity may result in the termination of membership.

Indicate preferred method of payment (Credit Card payment is required for phone or fax registration.)

Visa MasterCard American Express Check Enclosed

Account Name: _____

Account Number: _____ Expiration Date: _____

Signature: _____

Please send all checks to: CCIM TECH, 5956 Sherry Ln, Suite 1850, Dallas, TX 75225 (Attn: Carol Campbell) or fax with credit card to 469-574-5092.