CCIM Institute
Commercial Real Estate's
Global Standard for Professional Achievement

University Partner Student Membership Application

All steps below must be completed. PLEASE PRINT CLEARLY.

University Partner Promo Code: _____(required to process application)

Expected Graduation Date: Month _____Year_____

Name: _____ **Date:** _____

College/University_____

Address _____

City_____ **State** _____**Zip**_____

Country_____**Phone**_____

**Email ***_____

***A valid College/University email address is required**

University Partner Student Membership is for current full time undergraduate or graduate University Partner students that have an interest or are active in the commercial real estate industry. The membership fee is $50* and the benefits include:

- **Free trial membership between August - December ($50 thereafter)**
- **50 percent off registration for the CCIM Global Conference**
- **50 percent off the Preparing to Negotiate online course**
- **Bimonthly CCIM Student Connect email, which includes access to special industry reports and curated content**
- **Free access to professional mentoring via CCIM Mentor**
- **Access to Affinity Provider benefits**
- **Free subscription to *Commercial Investment Real Estate* magazine**

Student Members do not receive Candidate Core Course tuition discounts

Sign below to indicate your agreement with the following terms and conditions of membership:

In order to remain a student member in good standing, I understand I must be a current, full time student at a college or university; and I agree to pay annual dues as a member. Dues are currently $50*. I agree not to use the CCIM designation name, initials, or emblem in my advertising, brochures, contracts or documents. The CCIM Institute reserves the right to change requirements periodically to reflect industry changes.

***NOTE**: First-time membership is free August 1 - December 31. If you are applying outside of the trial period, membership is $50.

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

Visa ◯ **MasterCard** ◯ **American Express** ◯ **Check Enclosed** ◯

Account Number: _____ Exp. Date: _____

Account Name:_____

Signature: _____

Please send all applications with checks to: CCIM Institute, 430 N. Michigan Avenue, Suite 700, Chicago, IL 60611-4092. Applications with credit card can be faxed to 312-981-7889.