2010 Membership Application

(PLEASE PRINT OR TYPE ALL INFORMATION)

NAME:_____ _____ _____
(FIRST) (MIDDLE) (LAST)

FIRM: _____

ADDRESS: _____
(STREET/P.O.BOX -- SUITE #/BUILDING #)

_____
(CITY) (STATE) (ZIP)

( ) YES, I AM INTERESTED IN VOLUNTEERING TO BE ON A COMMITTEE. (See attached form)

REAL ESTATE LICENSE NUMBER: _____

BUSINESS PHONE:_____ **FAX:** _____

E-MAIL ADDRESS: _____

STATUS: CANDIDATE: ( ) **DESIGNEE:** ( ) **AFFILIATE**: ( ) **NON-RESIDENT**: ( )

CCIM CANDIDATE ACCEPTANCE DATE: _____

CANDIDATE OR DESIGNEE #_____

PAID INSTITUTE DUES: YES _____ **NO** _____

_____ _____
SIGNATURE OF APPLICANT **DATE**

2010 Georgia CCIM Membership Fee: $130.00

Payment Methods: Check(s) or Credit Card (We don't accept American Express – Master Card and Visa Only)

Make check(s) payable to: **Georgia CCIM Chapter**— (To assure immediate and accurate posting of your dues, please include a copy of this invoice with your payment or write your name on your check(s).

MAIL PAYMENT TO: Georgia CCIM Chapter, P.O. Box 4531, Marietta, GA 30061

Fax credit card payments to: 770-424-0888

❑Master Card ❑VISA

Card #: _____ **Expiration Date:** _____

Signature: _____
(Sign name as it appears on the card)

NOTE: Application must be accompanied by a check made payable to "Georgia Chapter CCIM" in the amount of $130 or by credit card Visa or MasterCard with exp. date.

Explanation of four (4) membership classes:

1. **CCIM Designee Members**—Currently a member of the Institute
2. **Candidate Members**—Currently a member of the Institute
3. **Affiliate Members**--All individuals who are not members of the Institute.
4. **Non-Resident Membership**—Designees and Candidate Members in good standing of another CCIM chapter.

Please visit our website at www.GeorgiaCCIM.com under BYLAWS to view membership privileges.