

Date Received _____
Board Approved _____
Check Received _____

ASSOCIATE MEMBERSHIP APPLICATION PIEDMONT TRIAD CREW

ASSOCIATE MEMBERSHIP REQUIREMENTS: Any person engaged in a “qualified field” (defined below), such that the services provided relate to commercial real estate (i.e., income-producing real property and/or real property held for investment, and excluding services rendered in connection with the sale or transfer of individual residential units), shall be eligible upon written application, approval and acceptance for associate membership, and paying the associate membership fee to participate in certain of the benefits of this organization. The intent of this organization is that:

- a) The applicant **must (i) be currently involved in a full-time (30-hours or more per week), professional position, the primary responsibilities of which are in one or more of the qualified fields of commercial real estate, and (ii) have spent three (3) years in such a position.**
- b) No new associate member should be approved if the approval would cause any qualified fields to be composed of a disproportionate share of the entire membership, which currently is established by the PTCREW Board of Directors from time to time.
- c) Associate members will uphold professional and ethical standards.
- d) An associate membership is individual (one person per associate membership) and *cannot be transferred or assigned.*

I, the undersigned applicant, hereby submit my application to PIEDMONT TRIAD CREW and agree to abide by its governing regulations as the same may be adopted from time to time. I note that I have the responsibility to inform PIEDMONT TRIAD CREW of any of my address changes which might occur during the year. *If approved for associate membership, I understand my dues are non-refundable.*

PLEASE PRINT

Name: _____

Title & Position: _____

Company: _____

Business Address: _____

City, State, Zip: _____

Billing Address: _____

City, State, Zip: _____

Business Phone: _____ Fax Number: _____

Cell Phone: _____ E-mail address: _____

Currently Full Time: _____ Yes _____ No

Description of Full-Time Commercial Real Estate Experience in Prior 3 Years Including Dates: _____

Please indicate YOUR Primary Qualified Field (check only ONE):

- | | | | |
|-------|------------------------------------|-------|------------------------------------|
| _____ | 1. Accounting | _____ | 19. Investments |
| _____ | 2. Acquisitions | _____ | 20. Journalism/Publishing |
| _____ | 3. Administration | _____ | 21. Land Planning/Site Design |
| _____ | 4. Advertising | _____ | 22. Law |
| _____ | 5. Appraisal | _____ | 23. Leasing |
| _____ | 6. Architecture | _____ | 24. Marketing |
| _____ | 7. Asset Management | _____ | 25. Market Research |
| _____ | 8. Construction | _____ | 26. Mortgage Banking/Brokerage |
| _____ | 9. Consulting/Relocation | _____ | 27. Personnel |
| _____ | 10. Corporate Real Estate | _____ | 28. Property Management |
| _____ | 11. Development | _____ | 29. Public Relations |
| _____ | 12. Economic Development | _____ | 30. Public Service/Agency Services |
| _____ | 13. Engineering | _____ | 31. Sales/Brokerage |
| _____ | 14. Environmental | _____ | 32. Surveyor |
| _____ | 15. Finance | _____ | 33. Syndication |
| _____ | 16. Institutional Lending | _____ | 34. Title/Escrow Services |
| _____ | 17. Interior Design/Space Planning | _____ | 35. Other (As Approved by Board) |
| _____ | 18. Insurance | | |

NOTE: Piedmont Triad CREW currently has a limit of the number of associate members

Please indicate the committees in the order of preference (1,2,3) that you would have an interest in participating:

- _____ Programs
- _____ Public Relations
- _____ Membership
- _____ Special Events
- _____ Finance/Sponsorship
- _____ Structure/Bylaws

Please list your memberships in other commercial real estate organizations: _____

The information submitted with my application is, to the best of my knowledge, complete and accurate. I hereby certify that I am currently in good standing with all applicable licensing requirements of my profession and authorize inquiries regarding any information that I have submitted. If granted associate membership to Piedmont Triad CREW, I agree to conform to and uphold the highest professional standards and ethical requirements of Piedmont Triad CREW, CREW Network and my profession. I agree to notify the Piedmont Triad CREW Membership Officer of any changes in my status that would affect my associate membership in Piedmont Triad CREW.

Signed: _____ Date: _____

Piedmont Triad CREW Member Contact: _____

Please mail this form and a non-refundable application fee check for \$30.00 to:

Lory Hartmann, Treasurer
Piedmont Triad Crew, Inc.
P. O. Box 10914
Greensboro, North Carolina 27404

If approved for associate membership, you will receive a separate invoice for annual dues.