2016 Ohio Chapter Membership Application

Check one:
☐ New Member
☐ Renewal

☐ $100.00 Designee (Member of CCIM Institute and CCIM Designee)
☐ $100.00 Candidate (Candidate Member of the CCIM Institute)
☐ $100.00 Affiliate (neither Designee nor Candidate)
☐ $100.00 Non-Resident (Designee of another CCIM Chapter)
☐ $25.00 Full Time Student

Name: ________________________________________________________________
Company Name: _________________________________________________________
Address: ______________________________________________________________
City: ____________________________ State: _______ Zip Code: _________________
Phone: __________________________ Fax: _________________________________
Email: __________________________ Are you a member of the CCIM Institute? ________

Check No: __________

Your Other Professional Designations - please circle
ABR ALC ARM CCIM CIPS CPM CRE CRS GRI MAI RICS RPA SIOR SRA Other _________

Specialization – please circle
Build-to-suit Business Hotel/Motel Industrial Land Mobile Home Parks
Mixed Use Multi-Family Office Retail Storage Other __________

Primary Business Activity – please circle
Appraisal Attorney Broker-Leasing Broker-Sales Buyer Rep. CPA Consultant
Development Financial Services Tenant Rep. Title Ins. Other __________

Comments: _____________________________________________________________

Please make check payable to Ohio CCIM Chapter and mail with application to:
Ohio CCIM Chapter, P.O. Box 151, Goshen, Ohio 45122 OR we can email you a paypal invoice if you prefer. Please call Michelle at (513) 722-4942 with any questions.

Thank you to our 2016 Chapter Sponsors: