



**Ohio
CCIM Chapter**

Ohio CCIM Chapter
P.O. Box 151, Goshen, OH 45122

Tel: 513-722-4942
Email: OhioCCIM@OhioCCIM.org

2016 Ohio Chapter Membership Application

☐ New Member

☐ Renewal

Check one:

- ☐ \$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.

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