

FIABCI-USA COMPANY MEMBER APPLICATION FORM

One copy of this form should be completed in its entirety and forwarded with \$3500 payment and enclosures to FIABCI-USA, 1916 Wilson Blvd., Suite 306, Arlington, VA, 22201, (fax 703-991-6256; email info@fiabci-usa.com). Electronic submissions are welcome!

LIST OF ENCLOSURES:

- ✓ Completed Application
- ✓ Electronic version (.jpeg, .eps, or similar) of your company logo
- ✓ Electronic version (.jpeg, .eps, or similar) of a banner for our website. FIABCI-USA can create one for you, free of charge, from your logo, if you don't have one available.
- ✓ An electronic copy of a one paragraph Company Description in Microsoft Word or similar program. For examples, please see <http://www.fiabci-usa.com/companies.html>.

PLEASE TYPE OR WRITE IN CAPITAL LETTERS!

Name of Company: _____

U.S. Address: _____

City, State, ZIP: _____

URL/web site address: _____

Name of First Representative: _____

**Please note that this official will be listed under Company Name in the member database and directory*

Member of? __AFIRE; __Appraisal Institute; __BOMA; __CCIM; __CREW; __HBI; __IREM; __NAIOP;
__NAR; __RLI; __SIOR; Other: _____

Company and Title: _____

Address of Representative: _____ same as Headquarters

Telephone #: _____ Fax #: _____

E-mail: _____ URL: _____

Name of Second Representative: _____

**Please note that this official will be listed under his/her last name in the member database and directory*

Member of? __AFIRE; __Appraisal Institute; __BOMA; __CCIM; __CREW; __HBI; __IREM; __NAIOP;
__NAR; __RLI; __SIOR; Other: _____

Company and Title: _____

Address of Representative: same as Headquarters

Telephone #: _____ Fax #: _____

E-mail: _____ URL: _____

Name and Address of CEO, if not listed: _____

Phone: _____ Fax: _____ E-mail: _____

MEMBER SPONSOR: _____

AREAS OF SPECIALIZATION: (Rank up to 6 or select "ALL" as your only selection)

ADM: Property Management	TRA: Transaction/Brokerage	CNS: Consulting
PRO: Development	EXP: Valuation/Appraisal	FIN: Financing
ARC/URB: Architecture/Urban Planning	LEG/TAX: Legal/tax	ALL: All of the Above

Order of Importance: 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____

Property Types: (Rank up to 6 or select "ALL" as your only selection)

RUR: Rural	COM: Retail	OFF: Office
RES: Residential	REC: Leisure	IND: Industrial
HOT: Hotel/motel	LUX: Luxury	

Order of Importance: 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____

Please list up to six foreign countries in which you do business, or in which you would like to do business. Please list their full names – no abbreviations:

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Charge \$3,500 to VISA, MasterCard, or AMEX or make your U.S. check payable to FIABCI-USA.

Account # _____

Code, if corporate: _____ Expiration Date: _____

Signature: _____

FIABCI-USA, 1916 Wilson Blvd., Suite 306, Arlington, VA, 22201
Questions? Contact FIABCI-USA: 703-524-4279; Fax: 703-991-6256;
info@fiabci-usa.com; www.fiabci-usa.com.

To expedite your application, we prefer you send it by fax or e-mail, even if you are mailing your payment.