



REIAC SOUTHEAST REGION - MEMBERSHIP APPLICATION

Please attach a current resume, indicate payment options below and mail the completed application to:
REIAC, 4290 Bells Ferry Road, Suite 106-546, Kennesaw, Georgia 30144

NAME: _____

DATE: _____

CURRENT EMPLOYMENT

Employer: _____

Job Title: _____

Work Address: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

Profession: _____ Years in Profession: _____

Job Responsibilities/Description: _____

BACKGROUND

Professional Organizations: _____

Professional Designations: _____

SPONSORSHIPS

Board Member: _____

Other REIAC Member: _____

PAYMENT

Amount: Annual dues = \$250

Method: Check attached (payable to "REIAC") Contact me so I can pay by credit card

*The applicant hereby approves the use of his/her name and company name in REIAC advertising.
If you have any questions please contact your sponsor or Alan Agadoni at (678) 581-7551*

REIAC ADMINISTRATIVE USE ONLY

Application Received Date: _____ Type: _____

Board Decision: _____ Date: _____

Applicant Notified Date: _____ Payment Processed Date: _____