

Member Application

Name	ame:		
Title:_	le:		
Comp	ompany:		
Addre	ldress:	City:	Zip:
Phone	none:	Fax:	
Email	nail:		
I.	order to fulfill the mission, REIAC strictly exceptive providers, vendoSrs, accountants and Please indicate with an "X", which of the following Registered Investment Advisors (RIA) endowments or pension funds. Banks, life companies and other finance.	Banks, life companies and other financial intermediaries. Owners and developers actively involved in significant real estate transactions.	
II.	Real Estate Capitalization: The entity representation of the significant real estate investment discretionary capital to invest in the amount. Please indicate with an "X", which of the following some state in the amount. \$10 million - \$25 million LOCALLY. \$25 million - \$50 million LOCALLY. \$50 million - \$100 million LOCALLY and on the significant of the following state.	activity with a portfoli t of \$50 million nation g best describes your firm and/or NATIONALLY.	o of acquired assets and/or nally or \$10 million locally.

III.	Primary Professional Responsibilities: A REIAC Member's primary professional responsibility should involve real estate transactions. Below please find a list of REIAC-recognized primary responsibilities. Please indicate with an "X" your area(s) of professional responsibility:						
				Acquisitions And/Or DevelopmentDispositionsThe Origination, Purchase Or Sale Of Real Estate Debt.			
	National Or Regional Management Oversight Of An Asset Portfolio Whereby You Have A Vested Interest Overseeing The Transactional Side Of The Industry.						
	IV.	Position and Experience: A REIAC Member must have at least 10 years of working experience in the commercial real estate industry and must hold a senior position within their respective firm or entity. Typically REIAC defines a "senior" position as one that starts at the Vice-President or Director level. Please indicate your current position and the number of years experience you have within the commercial real estate industry. You are also welcome to attach your professional resume.					
		Position: Years Experience:					
	V.	References: REIAC Members have maintained a reputable position within the industry by dealing in good faith and by maintaining the highest standards of conduct. <i>Please indicate three</i> (3) senior industry executives and/or one (1) REIAC Arizona Chapter Board Member who may be contacted as a membership reference:					
	Name:Tel:						
	Name:Tel:						
	Name:Tel:						
	Annual Membership Dues: \$425 (please make check payable to REIAC)						

Mail completed application and dues payment to:

REIAC, P.O. Box 72720, Phoenix, AZ 85050 623-581-3597 (phone) 602-532-7865 (fax)

If you have any questions or need assistance, please contact the REIAC Chapter Office at (623) 581-3597.