



MAAR  
COMMERCIAL  
COUNCIL

## Membership Application Form

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Web Site: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please Check One:  Broker  Salesperson

Field of Specialty (Check all that apply):

Appraisal  Sales  Leasing  Exchanging

Investment  Industrial  Counseling  Management

Other (Explain):

Designation(s) – Please check all that apply:

CCIM  CPM  CRE  ALC  SIOR  MAI  ABR


Other Designations: \_\_\_\_\_


I agree to abide by the Bylaws of the MAAR Commercial Council and the Code of Ethics of the National Association of REALTORS as from time to time amended.

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Signature

Please return your application via

 fax – 901.761.4003

 U.S. Mail – MAAR, POB 171159, Memphis, TN 38187