



# 2020 MEMBERSHIP APPLICATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Informal Name \_\_\_\_\_

Professional Designation(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Web \_\_\_\_\_

Home (required, please include zip) \_\_\_\_\_ Referred for membership by \_\_\_\_\_

\_\_\_\_\_ License Number \_\_\_\_\_

\_\_\_\_\_ Broker/Sales State \_\_\_\_\_

Number of Years in the Commercial Real Estate Industry \_\_\_\_\_

### Primary Specialty

- Office  Retail  Industrial  Land  Developer  Investment Properties  General  Appraiser

### Qualification

1. I became affiliated with my present firm (date) \_\_\_\_\_ Firm Principal(s) \_\_\_\_\_
2. I have no record of recent (within the past 3 years) or pending bankruptcy. NO  YES
3. I have no record of official sanctions involving unprofessional conduct nor any record of felony criminal convictions (within the past 3 years).  No  YES (if yes, please attach an explanation)

### Certification

If elected to membership, I will abide by the Constitutions, Bylaws and Rules and Regulations of CBC.

I agree that CBC may inquire and receive information and comment about me (as an applicant) from any member. All information and comments provided to CBC shall be deemed privileged and shall not form the basis of any action for slander, libel, or defamation of character.

I also understand that I will not receive any state or national benefits which includes access to ZipformPlus, the Arbitration or Mediation Services, or use of REALTOR® logo or term (to name a few). By electronically signing this membership application I agree that the above information is accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Dues and Payment

Type	Initiation Fee	Join in April	Join in May	Join in June
CBC Member	\$250.00	\$263.00	\$233.00	\$204.00

## Payment Information

Initiation Fee \_\_\_\_\_ + 2020 Dues \_\_\_\_\_ = Amount enclosed \$ \_\_\_\_\_

Method of Payment:  Check  VISA  MasterCard  AMEX

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

CID number (AMEX) \_\_\_\_\_ Last 3 digits from number on back of card (VISA/MC) \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address (include City State & Zip) \_\_\_\_\_

**Please mail application and check payment to:**  
CRCBR, 1300 Baxter Street, Suite 360, Charlotte, NC 28204;  
or fax to (704) 377-8983.

If you have questions, call (704) 377-8982 ext. 107.  
Our web address is [www.crcbr.org](http://www.crcbr.org).

