



**AIR Commercial Real Estate Association**

**APPLICATION FOR DESIGNATION AS AN AFFILIATE FIRM**  
*Application Must Be Legible*

Industrial

Commercial

Name of Firm		Date of Application																	
Address of Firm		Website Address																	
City		Business Phone																	
State	Zip Code	Fax Number																	
Principal's Email Address:																			
<p><b>Experience</b>          Is the firm actively engaged in Industrial or Commercial Real Estate Appraisal with owners and principals who have no direct or indirect financial interest in the Affiliate Firm (defined as "Third Party Appraisal")?          Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Please Explain:</p> <hr/> <hr/> <hr/>																			
<p><b>Officers, Partners or Owner</b></p> <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;">1. Name: _____</td> <td style="width: 50%; border: none;">2. Name: _____</td> </tr> <tr> <td style="border: none;">Position: _____</td> <td style="border: none;">Position: _____</td> </tr> <tr> <td style="border: none;">3. Name: _____</td> <td style="border: none;">4. Name: _____</td> </tr> <tr> <td style="border: none;">Position: _____</td> <td style="border: none;">Position: _____</td> </tr> </table>				1. Name: _____	2. Name: _____	Position: _____	Position: _____	3. Name: _____	4. Name: _____	Position: _____	Position: _____								
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Position: _____	Position: _____																		
<p><b>Name of each individual (other than Owner, Partners and Officers listed above) in your industrial/commercial/office department</b> indicating whether he/she is an AIR member. Attach additional sheets if necessary.</p> <table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;">1. Name: _____</td> <td style="width: 50%; border: none;">2. Name: _____</td> </tr> <tr> <td style="border: none;">AIR Member Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td style="border: none;">AIR Member Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">3. Name: _____</td> <td style="border: none;">4. Name: _____</td> </tr> <tr> <td style="border: none;">AIR Member Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td style="border: none;">AIR Member Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">5. Name: _____</td> <td style="border: none;">6. Name: _____</td> </tr> <tr> <td style="border: none;">AIR Member Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td style="border: none;">AIR Member Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">7. Name: _____</td> <td style="border: none;">8. Name: _____</td> </tr> <tr> <td style="border: none;">AIR Member Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td style="border: none;">AIR Member Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>				1. Name: _____	2. Name: _____	AIR Member Yes <input type="checkbox"/> No <input type="checkbox"/>	AIR Member Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Name: _____	4. Name: _____	AIR Member Yes <input type="checkbox"/> No <input type="checkbox"/>	AIR Member Yes <input type="checkbox"/> No <input type="checkbox"/>	5. Name: _____	6. Name: _____	AIR Member Yes <input type="checkbox"/> No <input type="checkbox"/>	AIR Member Yes <input type="checkbox"/> No <input type="checkbox"/>	7. Name: _____	8. Name: _____	AIR Member Yes <input type="checkbox"/> No <input type="checkbox"/>	AIR Member Yes <input type="checkbox"/> No <input type="checkbox"/>
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Has your organization or any of its officers, principals or their predecessors been associated with any firm whose formation was the result of the reorganization or restructuring of the personnel and/or assets of a firm formerly holding Accredited Firm status where monies and/or assessments due the Association or its subsidiary, The MULTIPLE, remained unpaid?

Yes  No

If yes, please explain:

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Do you agree to be bound by the Bylaws and Rules and Regulations for Affiliate Firms?

Yes  No

**Applicant's Statement** (Please read carefully; sign where indicated)

1. The information contained herein shall be used solely for the purpose of determining the applicant's eligibility.
2. The applicant agrees, if given the designation, to conduct his/her business in accordance with the requirements and regulations established for Affiliate Firms by the Association.
3. The applicant agrees that the Association may withdraw or suspend designation for any infraction of its regulations and Bylaws and may cause notice of its action to be made public in the applicant's locality.
4. The designation shall apply for an indefinite period of time subject to re-accrediting at intervals to be determined by the Association.
5. The applicant shall not hold itself out to anyone as being an Affiliate Firm at any time before it is actually accredited or after the expiration or revocation of the accrediting designation.
6. The applicant waives all claim against the Association or any member or agent for any act in connection with the business of the Association and particularly as to its or their acts in accrediting, failing to accredit or revoking such accrediting designation, or publishing the suspension or termination of Affiliate Firm status as provided in Section 8.4(b) of the AIR Rules of Professional Conduct.
7. The applicant understands that Affiliate Firm dues are based on the number of Associates in each office or industrial/commercial division thereof.
8. A non-refundable application fee of \$50.00 is enclosed with this application with the understanding that it is non-refundable.
9. I agree to defend and indemnify AIR and/or The MULTIPLE against any claim, action or proceeding based, in whole or in part, upon the alleged inaccurate or incomplete information of any kind in the e-MULTIPLE system or hard copy MULTIPLE as to a property for which I provided information, verbally or in writing, to The MULTIPLE.

The undersigned affirms that he/she is a principal in the organization applying for the designation "Affiliate Firm" that he/she has full knowledge of the organization's policies methods of doing business and of its personnel; and that the representations made herein are true and correct.

Signature: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, (Year) \_\_\_\_\_