



2019 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 January	Join in February	Join in March
CBC Member	\$250.00	\$350.00	\$321.00	\$292.00

Payment Information

Initiation Fee _____ + 2019 Pro-rated 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 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.

