

MEMBERSHIP APPLICATION

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Instructions: You may complete this form online, then print, or print this form and complete manually. Once completed, your two endorsers must sign in the space provided on page 3, then submit your application along with the appropriate fee to the Registry address on page 3.

Type in blanks provided, use Tab or pointer to move between fields.

Name

Prefix (Mr., Mrs., Ms, etc.)	First Name	Middle Initial	Last Name	Suffix (Dr., Sr., etc.)
Name used for Certificate				
Company Name				

Business Address & Contact Information

Street	City	State	Zip
Telephone	FAX	E-Mail	
Website (URL)	Market Area(s)		

Licensing

License Type(s) (Broker, Sales, Law)	License #	State
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Professional & Educational

Commercial Real Estate Designations (CCIM, CPM, SIOR, CRE, etc)
Other Professional Licenses (Appraisal, CPA, etc)
Degrees, Diplomas (BS, BA, MBA, PhD, etc)
Professional Association Memberships (NTCAR, CID, NAR, BOMA, IREM, CCIM, SIOR, etc)
Have you completed 15 or more classroom hours of classes in commercial real estate subjects? <input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Years of full-time Commercial Real Estate practice: <input type="checkbox"/> 5-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15-19 <input type="checkbox"/> 20+

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Commercial Real Estate Transactional Resume

Check all types of transactions for which you have completed 5 or more transactions.

(Sponsoring brokers may include transactions by sponsors)

<input type="checkbox"/> Sales	<input type="checkbox"/> Leasing	<input type="checkbox"/> Improved Property	<input type="checkbox"/> Investments	<input type="checkbox"/> Land
Largest Sale:	<input type="checkbox"/> None	<input type="checkbox"/> Less than \$2,000,000	<input type="checkbox"/> \$2-10,000,000	<input type="checkbox"/> Over \$10,000,000
Largest Lease:	<input type="checkbox"/> None	<input type="checkbox"/> Less than 10,000sf	<input type="checkbox"/> 10-50,000sf	<input type="checkbox"/> Over 50,000sf

Commercial Real Estate Services Offered

Check all specialties for which you have transactional experience and actively offer to clients.

(No minimum number of transactions required)

<input type="checkbox"/> Sales	<input type="checkbox"/> Owner Rep	<input type="checkbox"/> Retail	<input type="checkbox"/> Land
<input type="checkbox"/> Leasing	<input type="checkbox"/> Buyer Rep	<input type="checkbox"/> Office	<input type="checkbox"/> Specialty Property
<input type="checkbox"/> Investments	<input type="checkbox"/> Tenant Rep	<input type="checkbox"/> Industrial	

Previous Employer (if current employment for less than 5 years)

Period (years)	Company	City, State	Contact	Telephone

Verification of Information

If requested by the Registry, do you agree to provide additional information for verification purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No

Professional Endorsements (two required)*

*Co-brokers, appraisers, attorneys, title companies, bankers, clients, etc.

Membership requires the endorsement of two commercial real estate professionals who can attest to your qualifications. After completing the application, secure the signatures of the two endorsers on page three, then mail your signed application along with the application fee to Registry of Commercial Property Advisors, 5063 New Hope Rd., Aubrey, TX 76227

I have read and accepted the Registered Commercial Property Advisor Agreement, and hereby submit my application for membership subject to the terms and conditions of membership.

Printed Name of Applicant

Signature

Date

RCPA MEMBERSHIP APPLICATION

Application of: _____

To Endorsers. Your assistance is requested in approving an application for membership. The minimum requirements for membership include: (i) five or more years of experience in commercial real estate sales or leasing; (ii) a minimum of five commercial property transactions; (iii) a minimum of 15 classroom hours of commercial property studies; (iv) competency to advise others concerning commercial real estate sales or leasing; and (v) a reputation of good ethical conduct.

The undersigned attest to the applicant’s qualifications for membership.

Signature _____
Printed Name _____
Profession _____
Telephone _____
E-Mail Address _____

Signature _____
Printed Name _____
Profession _____
Telephone _____
E-Mail Address _____