



**National Association of Independent Fee Appraisers**

330 N. Wabash Avenue, Suite 2000

Chicago, Illinois 60611

Phone: (312) 321-6830

Fax: (312) 673-6652

info@NAIFA.com

[www.NAIFA.com](http://www.NAIFA.com)

---

**ANNUAL APPLICATION FOR MEMBERSHIP**

Full Name:	
Employer:	
Business Address:	
City, State, and Zip Code:	
Business Phone Number:	
Business Fax Number:	
Cell Phone Number:	
E-Mail Address:	
Website:	
Home Address:	
City, State, and Zip Code:	
Home Phone Number:	
Date of Birth:	
Licensing Information (If Applicable) *Please attach a copy of your license to this application.	
State in which Licensed:	
Certified License Number:	
License Expiration Date:	

**MEMBERSHIP TYPE**  
(SELECT ONE)

**Associate Membership:**

✓	Type	Amount
	<b>Appraiser:</b> An individual who is performing work governed by the Uniform Standards of Professional Appraisal Practice (USPAP).	\$399
	<b>Affiliate:</b> An individual who is interested in the NAIFA and the appraisal profession, but is not performing any work governed by the Uniform Standards of Professional Appraisal Practice (USPAP).	\$219
	<b>Professional Business Partner Corporate Membership</b>	\$269

**Other Categories of Membership:**

✓	Type	Amount
	<b>Accelerated Designation Program (ADP):</b> Those who hold designations from: AI, ASA American Society of Farm Managers and Rural Appraisers, IAAO, IRWA and Massachusetts Board of Appraisals are considered candidates for ADP. We require proof of current membership and proof of the designation/licensure to qualify. We also offer reciprocity for our Canadian members. Which designation are you seeking? _____	\$499

**Reinstatement:**

✓	Type	Amount
	<b>Appraiser</b>	\$399
	<b>Designated Member</b>	\$499
	<b>Reinstatement Fee (Required for All Reinstating Members)</b>	\$100

**CHAPTER INFORMATION**

✓	
	I would like to join the: _____ chapter. Local chapter dues: _____
	Please assign me to the active chapter closest to me.
	Please contact me to discuss my chapter options.

**HOW I HEARD ABOUT THE NAIFA**

✓	How?	Details
	NAIFA Member	Member Name:
	Colleague	Colleague Name:
	NAIFA Event	Event:
	Brochure	
	Internet	Where:
	Other	

**FEES & PAYMENTS**

**Total Fees:** \$ \_\_\_\_\_

**Payment Type:**  Check  Visa  MasterCard  American Express  Discover

**Credit card number** \_\_\_\_\_ **Expiration date** \_\_\_\_\_

**Name on card** \_\_\_\_\_

**Have You Previously Belonged to NAIFA?**  No  Yes

*\*If yes, please attach a statement requesting reinstatement and rationale.*

**EXPERIENCE**

Please list you most recent employment experience:

Dates	Employer & Contact Information	Duties

## PROFESSIONAL MEMBERSHIPS & DESIGNATIONS

List all past and present memberships/designations in real estate/real estate appraisal fields along with your current standing. Include copies of all documentation with this application.

Association	Designation	Years	Current Standing

---

## ADDITIONAL INFORMATION

Please list your professional contributions, awards, and educational experience. Include copies of any documentation with your application.

Date	Award, Contribution, and/or Experience. Please describe:

**REFERENCES**

Please provide at least three references.

Name	Address	Phone

**SIGNATURE**

Are you currently the subject of any regulatory proceedings, or have you ever been disciplined by, or had a license, certification or registration suspended, revoked, or denied by a regulatory agency?

\_\_\_\_\_ No

\_\_\_\_\_ Yes. If yes, please attach a complete explanation, with the resolution.

Have you ever been convicted by a court of competent jurisdiction, pled "No Contest" to any fraud, felony, or misdemeanor that would reflect negatively on your honesty, truthfulness, respect for the law, or integrity?

\_\_\_\_\_ No

\_\_\_\_\_ Yes. If yes, please attach a complete explanation.

I hereby certify, under oath, that I agree to uphold the Bylaws and to abide by the NAIFA Code of Ethics and Professional Standards of the National Association of Independent Fee Appraisers (NAIFA). I have answered all questions truthfully and to the best of my ability.

By signing and dating this application I agree that all of the information contained in this application is true and correct to the best of my knowledge. Additionally, by signing, I and NAIFA consent to receive all communications sent by or on behalf of NAIFA and local NAIFA chapters, whether by fax, email, direct mail, or telephone.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date Signed**

All applications are subject to review and approval by NAIFA. NAIFA reserves the right to deny membership at its sole discretion.

AFM-31508

Please return this form and all required documentation to: NAIFA  
330 N Wabash Ave Suite 2000  
Chicago, IL. 60611