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**This form must be typed. All sections are required, including the signature of a current NAIFA member.** In lieu of a signature, a letter of recommendation from a current member will also be accepted. Once completed, please return to Meredith McCann at [info@naifa.com](mailto:info@naifa.com) or fax to 312-673-6652.

Why did you originally let your NAIFA membership lapse? If additional space is required, please use a separate sheet of paper.

Why have you decided to rejoin NAIFA at this time? If additional space is required, please use a separate sheet of paper.

Are there now pending, or have there been, any proceedings against you involving a breach of ethics filed by any individual, government agency, business entity, professional organization, or the National Association of Independent Fee Appraisers?

Yes      No

If yes, please explain below. If additional space is required, please use a separate sheet of paper.

By signing this form, I hereby certify, under oath, that I agree to uphold the By-Laws, Standing Rules, and to abide by the Code of Ethics and Professional Standards of the Association; that I have never been convicted by a court of competent jurisdiction to have committed any fraud or felony nor a crime, misdemeanor consulting moral turpitude, or otherwise; and, that I have answered all questions truthfully and to the best of my ability.

I understand also my responsibility per standing rule 2.12: "It shall be the responsibility of all members to report to the Professional Standards Committee any complaint, filed in any jurisdiction, within 30 days of receipt of said notification. Said notification shall be in writing addressed to the Executive Vice President, who will forward the notification to the current chair of the committee. Failure to report any complaints may result in censure and/or suspension of the member.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Member's Signature

\_\_\_\_\_  
Current Member's Printed Name

\_\_\_\_\_  
Date