

Application for Membership
(Please Type or Print All Information)



**NATIONAL ASSOCIATION OF
INDEPENDENT FEE APPRAISERS**

7501 Murdoch Ave, ♦ St. Louis, MO 63119 ♦ (314) 781-6688
http://www.naifa.com ♦ Membership@naifa.com (314) 781-2872 FAX

Executive Office Use Only

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Social Security No.

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MALE
 FEMALE

Date _____

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Email Address _____ URL (Web Address) _____

Associate Candidate Phones: Res. _____ Bus. _____ Fax _____
Affiliate

EMPLOYMENT EXPERIENCE

Dates		Firm	Address	Duties
From	To			

APPLICANT PROFILE

Professional Contributions/Awards and Education Experience

List below any contributions which you have made to the Real Estate Profession i.e., committee work, articles or publications, teaching experience, awards received, areas of specialization. State briefly your educational background, also courses pertinent to Real Estate Appraising.

Attach Additional Pages If Necessary

LIST CURRENT APPRAISAL AND REALTY GROUP AFFILIATIONS

Name of Association	Class of Membership	Number of Years

List three (3) Character References

Name	Address	Phone
(1)		
(2)		
(3)		

Have you previously belonged to NAIFA? Yes No If answer is yes, please include addenda.

Are there now pending or have there been any prior proceedings against you by any government agency, business or Professional organization that involve professional conduct or any practice of an ethical nature? Yes No If yes, please explain on addenda .

In making application for membership in the National Association of Independent Fee Appraisers, Inc., I hereby certify, under oath that I agree to uphold the By-Laws 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 of a crime, misdemeanor constituting moral turpitude, or otherwise; and, that I have answered all questions truthfully and to the best of my ability.

Date

Signature of Applicant

Please Attach Copy of State License/Certification (if applicable)

The Chapter Admissions Committee has investigated said applicant and does hereby recommend acceptance for membership subject to final approval by the Executive Office.

CHAPTER INFORMATION

Chapter Name _____
Address _____
City _____ St. _____ Zip _____
Sponsored by _____

(Chapters Officials, please send original application to National Office)

Admissions Committee Chairman

Signature of Chapter President