



**Membership Application
Kansas CCIM Chapter**

Name:

License Number or Non license Affiliate:

Name of Firm:

Office Address:

Office Phone:

E-mail Address:

Home Address:

Cell Phone:

Do you hold membership in the CCIM Institute? Yes No

If yes, are you a: Designee Candidate?

Are you interested in becoming a candidate for CCIM Designation? Yes No

Are you a national designee or candidate in one of NARs recognized societies or councils? If so, which one?
CCIM ARM CPM ALC SIOR CRE

Are you currently a member of RSCK or another Board? Yes No

If yes, which Board:

The cost of CCIM membership is \$100 per year, pro-rated quarterly (joining during Jan/Feb/March - \$100, April/May/June - \$75.00, July/Aug/Sept - \$50.00, Oct/Nov/Dec - \$25.00).

Date:

Signature:

Application can be emailed to Zach@sckrealtors.com, or mailed, or brought in person. Payment can be made via debit/credit by phone, check by mail, or cash/check in person to:

**Kansas CCIM Chapter
170 W. Dewey
Wichita, KS 67202
316.263.3167**