



Application for Membership

CONFIDENTIAL

Name _____

Current Title/Position _____

Company Name _____

Business Address _____

City _____ **State** _____ **Zip** _____

Business Phone _____ **Mobile Phone** _____

Business Fax _____ **E-mail** _____

Company Website _____

Length of Employment (current employer) _____

Number of years in the Commercial Real Estate industry: _____

Membership Applying for:

Student Membership

G.P.A.: _____

Course of Study: _____

Extracurricular Involvement: _____

General Membership

- ___ Transition from Student Membership
- ___ 2 years professional commercial real estate experience / graduate degree
- ___ 3 years professional commercial real estate experience / 4 year college degree
- ___ 3 years professional commercial real estate experience / 3 years licensed as a commercial real estate professional
- ___ 5 years professional commercial real estate experience / no educational or license requirement

SPECIALTY: Choose ONE of the following that best describes your business/position.

Appraisal	Corporate Real Estate	
Architecture/Engineering/Design	Environmental	
Asset or Property Management	Finance/Banking/Lending	
Brokerage – Sales, Leasing, Acquisitions	Law	
Construction/Development	Title/Escrow	
Consulting	Other:	

MNCREW committee(s) interested in serving on: _____

Please see the last page of this application for MNCREW committee opportunities.

Applicant Name: _____ **Date:** _____

Commercial Real Estate References (List three (3) people and their phone numbers who can verify your activity in commercial real estate.)

1. Name _____ **Position/Title:** _____

Company Name _____

Business Address (City, State) _____

Phone _____ **Years Acquainted:** _____

2. Name _____ **Position/Title:** _____

Company Name _____

Business Address (City, State) _____

Phone _____ **Years Acquainted:** _____

3. Name _____ **Position/Title:** _____

Company Name _____

Business Address (City, State) _____

Phone _____ **Years Acquainted:** _____

Referred to MNCREW By: _____
(If applicable)

I hereby request and authorize any person or any business referred to in this application to give any information, and answer any questions asked by MNCREW concerning my work history, ability, current status, or character in connection with this application.

I also agree to answer any questions by the Membership Committee or MNCREW's Board of Directors relating to this application. Further, I agree to notify the Membership Chair if at any time I am no longer engaged in commercial real estate or do not meet MNCREW membership requirements as stated in the bylaws.

To the best of my knowledge, the preceding facts and statements are true.

Signature _____ **Date** _____

REMINDER:

Dues paid to MNCREW are not deductible as charitable contributions for Federal income tax purposes, but may be deductible as business expenses.

Please send completed application, along with payment, to:
MNCREW

c/o IntrinXec Management Inc. Attention: Debbie Norton
5353 Wayzata Blvd., Suite 207
Minneapolis, MN 55416
Phone: 952-252-3574 · Fax: 952-252-8096

For Office Use Only	
D/R: _____	By: _____
C/A: _____	By: _____
B/A: _____	By: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION OR ATTACH A RESUME

Employment History

Begin with job previous to current position. Please be specific regarding duties and responsibilities.

Company name _____

Business address _____

City _____ **State** _____ **Zip** _____

Business Phone _____

Date Employment Began _____ **Ended** _____

Title/Position _____ **Contact** _____

Job Description _____

Company name _____

Business address _____

City _____ **State** _____ **Zip** _____

Business Phone _____

Date Employment Began _____ **Ended** _____

Title/Position _____ **Contact** _____

Job Description _____

Education

Other memberships, organizations, designations, etc.

How did you hear about MNCREW? _____
