

# Multi-Membership Program

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## Application

Name of Firm/Company

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Billing Address

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City/State/Zip code

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Contact Person

Title

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Phone number

Fax number

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Email Address

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Total Number of Appraisers in Firm/Company

Number of participating Eligible Employees in the Multi-Membership Program

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**Please list the Firm's Eligible Employees who will be participating in the Multi-Membership Program below along with designations. Please attach second sheet for additional participating Eligible Employees and be sure to attach any necessary [Associate Membership Applications](#).**

### Names and Designations (if applicable)

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By signing below, I represent I have the authority to enter into this agreement on behalf of the Firm. I **affirm** and represent that I have read and understand the Program Terms of Agreement, including but not limited to all Program Requirements; that Firm has complied with such Terms of Agreement; and that Firm will continue to comply with such Terms of Agreement.

I represent and warrant that all information presented in this Application is accurate and true. I understand that the Appraisal Institute has the right to change or discontinue the Program or any Terms of Agreement at any time in their sole discretion with no further liability to Firm. Furthermore, I understand that the Appraisal Institute will not be liable to the Firm or any third-party for any claims or actions including any direct, indirect, incidental, special, consequential or punitive damages, arising or resulting from Firm's participation in the Program.

Signature

Printed Name

Date

- ❖ **Please return this agreement to:**  
[aiservice@appraisalinstitute.org](mailto:aiservice@appraisalinstitute.org) or fax to (312) 335-4400
- ❖ **Have Questions?**  
Please contact 888-7JOINAI (756-4624)
- ❖ **Mailing Address:** Appraisal Institute, 200 West Madison St., Suite 1500, Chicago, IL 60606