

## **AI Group Program Application**

**Application Terms of Agreement** 

Name of Firm		
Company Billing Address		
Contact Person	Title	
Phone Number	Email	
Total Number of Appraisers in Firn	n/Company Group Program	

Number of Participating Eligible Employees who are members of Al

Please list the firm's eligible employees who will be participating in the AI Group Program below along with designations (if applicable). Please attach a second sheet for additional participating eligible employees and be sure to attach any necessary Associate Member applications.

Names and Designations (if applicable)

Name of Member (including designation, if applicable)	Membership Type (current)

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 the 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

Date

Please return this agreement to: <u>customerservice@appraisalinstitute.org</u>

Mailing Address: 200 W. Madison Street, Suite 2000, Chicago, IL 60466