



Application for CCIM Institute Candidacy

Ph – 312-321-4460
Fax – 312-321-4530
www.ccim.com
430 N. Michigan Ave.,
Suite 800
Chicago, IL 60611-4092

Name: _____ Date: _____

Company: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Residence Phone: _____ E-mail Address: _____

Other Designation(s) Held _____

Your application will be accepted upon verification of course registration or successful completion of a course. Please check the box that applies to you.

I am registering for a CCIM Course:

I am enclosing (or faxing) my registration for a CCIM designation or Introduction course with this signed application for candidacy. My annual candidacy fee of \$595 is enclosed or credit card information is provided. (The regular \$50 application fee is waived if registering for a course.)

I have previously taken a CCIM Core or Introduction Course and/or I am a former candidate and wish to reinstate:

My payment of \$645 is enclosed or credit card information is provided. Payment includes \$595 for annual candidacy fee plus a \$50 application fee.

The CCIM membership year begins January 1. If you join after the start of the membership year, your dues will be prorated on a monthly basis.

Sign below to indicate your agreement with the following terms and conditions of membership:

I, the undersigned, hereby apply for candidate membership in the CCIM Institute. In making this application, I hereby fully understand the contents and force of this agreement and bind myself to it. I understand that I must pay annual dues in a timely manner in order to remain a candidate in good standing with the CCIM Institute. Annual Dues are currently \$595, which includes \$38 for an annual subscription to the Commercial Investment Real Estate magazine and \$5 for an annual subscription to Candidate's Corner. I will also receive one elective credit for each year of continuously maintained candidacy (three credits maximum). I understand that although membership in the National Association of REALTORS® is not required until I receive the designation, I am strongly encouraged to affiliate with my local NAR® board. As a candidate, I shall be bound by the CCIM Institute's Bylaws and CCIM Code of Ethics. I hereby waive all claims against the CCIM Institute or any of its officers, members, or employees as individuals or as a group, for any official act in connection with the business of the CCIM Institute, including but not limited to acts admitting me to candidacy, advancing me as a candidate, or suspending, expelling, or otherwise disciplining me as a candidate. The CCIM Institute reserves the rights to change its requirements periodically to reflect curriculum and industry changes. I understand that in order to retain candidate membership status, I must maintain my membership in good standing with the CCIM Institute. I understand that the CCIM designation is a federally registered trademark and that the CCIM Institute has the authority to license the designation to its members upon certain terms and conditions. I shall not use the CCIM designation in any manner including the designation name, initials or emblem in my advertising, brochures, contracts or documents until I have earned the designation. During my candidacy, I shall only refer to myself as "candidate member of the CCIM Institute, pursuing the CCIM Designation" in a resume presented to a prospective employer. I understand that all other representations of candidate membership status are prohibited and subject to disciplinary action, including termination. I understand that misuse of the CCIM designation, violation of the CCIM Institute Bylaws, CCIM Code of Ethics, or the commission of criminal or other unlawful activity may result in the termination of candidacy. Upon termination of my candidacy, I will immediately desist from referring to myself as candidate member of the CCIM Institute.

Indicate preferred method of payment (Credit Card payment is required for phone or fax registration.)

Visa MasterCard American Express Check Enclosed

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

Signature: _____

Please send all checks to: CCIM Institute, 430 N. Michigan Avenue, Suite 800, Chicago, IL 60611-4092 or fax with credit card to 312-321-4530.

