



APPLICATION FOR DESIGNATED MEMBERSHIP

Name: _____ Candidate Number: _____

Name of Firm: _____ Position in Firm: _____

Business Address: _____

Business Phone: _____ Business Fax: _____

Email: _____ Residential Phone: _____

Residential Address: _____

NAME FOR CERTIFICATE: _____

Print clearly your name as you wish it to appear on your designation certificate

I, _____, the undersigned hereby make application for the use of the _____ AACI, P. App. _____ CRA Designation.

This certifies that I am familiar with the Bylaws, Regulations and Standards of Professional Appraisal Practice of the Appraisal Institute of Canada (Institute) and hereby agree, as a condition of my right to use the Designation, to abide by them as they are now and as they may be amended from time to time.

In making this application, I hereby acknowledge the propriety interest of the Institute to grant the use of the Designation in Canada, and I hereby waive any claim or right of action at law or in equity that I might have at any time hereafter against the said Institute, its Governing Body, Officers, Committee members and other officials either as a group or as individuals, for any official act in connection with the granting of designated membership and the right to use the Designation, the business of the Institute and particularly as to its or their acts in electing or failing to elect, advancing or failing to advance, or disciplining me as a member.

In submitting this application, I state there are currently no outstanding judgments, lawsuits or bankruptcy or receivership actions pending against me nor any other form of material challenge to my responsibility, character, integrity, ethics or professional appraisal practice, except as explained in the attached statement dated _____
(If none, insert "none" - THIS SPACE MUST BE COMPLETED).

I authorize the AIC to verify this information yes your initials _____

References: Three written references must accompany this application. Application will not be processed without these references.

1. Name _____ Phone #: _____

Address _____

2. Name _____ Phone#: _____

Address _____

3. Name _____ Phone#: _____

Address _____

Date: _____ Signature _____

(Candidate's Signature)

Witness: _____ Name & Address: _____

(Signature)

(Print Name & Address)