



FRIENDS OF IREM APPLICATION

This portion to be completed by the member introducing the prospective Friend prior to sending to the applicant:

NAME OF INTRODUCING MEMBER: _____
 (Cannot be fellow Friend of IREM Member)

HOW LONG HAVE YOU KNOWN THE APPLICANT: _____

WHY DO YOU RECOMMEND THE APPLICANT FOR THE FRIENDS OF IREM PROGRAM:

DO YOU HAVE DIRECT BUSINESS CONTACT WITH THE APPLICANT? PLEASE DESCRIBE: _____

This portion is to be completed by the applicant:

COMPANY NAME: _____

NAME OF COMPANY REPRESENTATIVE: _____

COMPANY ADDRESS: _____

TELEPHONE: _____ **FAX:** _____

EMAIL: _____ **WEBSITE:** _____

NUMBER OF YEARS IN BUSINESS: _____

PROFESSIONAL AFFILIATIONS: _____

SELECT SERVICE CATEGORY YOU ARE APPLYING FOR: (Check One Box Only)

<input type="checkbox"/> Advertising/Public Relations/Signs	<input type="checkbox"/> HVAC/Energy Management
<input type="checkbox"/> Asphalt/Concrete	<input type="checkbox"/> Insurance
<input type="checkbox"/> Building & Window Cleaning	<input type="checkbox"/> Janitorial
<input type="checkbox"/> Building Restoration	<input type="checkbox"/> Landscaping (Int. and Ext)
<input type="checkbox"/> Communications/Telecommunications	<input type="checkbox"/> Laundry
<input type="checkbox"/> Consultants	<input type="checkbox"/> Painting & Wallcovering
<input type="checkbox"/> Elevators	<input type="checkbox"/> Roof
<input type="checkbox"/> Environmental	<input type="checkbox"/> Snow Removal
<input type="checkbox"/> Exterminating/Pest Control	<input type="checkbox"/> Supplies
<input type="checkbox"/> Fire & Life Safety/Access Control & Security	<input type="checkbox"/> Trash/Recycling
<input type="checkbox"/> Full Service Maintenance	<input type="checkbox"/> Other _____

HOW DID YOU FIRST BECOME FAMILIAR WITH IREM? _____

IDENTIFY OTHER REAL ESTATE PROPERTIES WHICH CURRENTLY USE YOUR SERVICES: _____

HAVE YOU EVER ATTENDED AN IREM MEETING/SOCIAL FUNCTION? _____

WHAT BENEFITS DO YOU FEEL IREM CAN OFFER TO YOUR COMPANY? _____

LIST NAMES ADDRESSES AND PHONE NUMBERS OF 2 BUSINESS REFERENCES:

NAME: _____ NAME: _____

COMPANY: _____ COMPANY: _____

ADDRESS: _____ ADDRESS: _____

PHONE: _____ PHONE: _____

PLEASE ATTACH A DESCRIPTION AND/OR BROCHURE EXPLAINING YOUR COMPANY'S SCOPE OF OPERATION.

Service Fee: \$660 annually

Please sign the form and return it with a check for \$660 payable to: IREM-Del Val No. 3

Mail to: IREM – DelVal No 3
PO BOX 65
Riverton, NJ 08077-0065

Pay by VISA/MasterCard/Discover/Amex

Name on Card: _____

Street Address on Card: _____

Zip Code: _____

Card #: _____ Exp Date: _____

Security Code: _____ Signature: _____

A "Friend" shall be a Friend, not a member, of the Institute. Only CPM members (CERTIFIED PROPERTY MANAGERS), AMO firms (ACCREDITED MANAGEMENT ORGANIZATIONS), ARM member (ACCREDITED RESIDENTIAL MANAGERS) and CPM Candidates may be members. By signing below, I agree that I shall not hold myself out to be a member of the Institute of Real Estate Management, nor shall I use or permit the use of the CPM, ARM or AMO designations or any other indicia of membership in, or affiliation with, the Institute. I understand that, if approved as a Friend of IREM, I may use the name Institute of Real Estate Management and/or its acronym "IREM" only in conjunction with the words "Friend of" for the sole and limited purpose of indicating that I am a Friend of the Institute. I understand that, should my participation as a Friend be terminated by the chapter at any time, there shall be no refund of my contribution.

The "Friends of IREM" program is not a National program but solely and exclusively under the direction and administration of Chapter No. 3. All rules, regulations, privileges and penalties, costs, dues, changes, modifications, administration and such are under the sole direction and discretion of Chapter No. 3. Chapter No. 3 may modify and/or terminate participation and/or the program without prior notice.

Applicant's signature _____ Date of application _____