



Society of Industrial and Office REALTORS® Application for Reinstating Membership

Application Process:

SIOR's Reinstatement application processing procedure, conducted pursuant to the terms of SIOR's Bylaws, seeks to assure that applicants are fully and fairly evaluated in terms of qualification criteria as stated in the SIOR Bylaws.

Former designees or Associate companies who wish to reinstate their memberships must complete this application within five years of the date their original memberships were terminated by SIOR. In order to reinstate your membership with SIOR, you must have been a member in good standing for at least five years.

Any outstanding dues and fees or other unfulfilled requirements relating to any previous membership in SIOR must be fulfilled prior to granting reinstatement.

Application Instructions:

- 1) Review the requirements and conditions of Reinstated Membership described above.
- 2) Complete the application legibly and entirely and attach all required supporting documentation. Incomplete and/or illegible applications will be returned unprocessed. Keep a copy for your information and mail original documents with the nonrefundable application fee (see last page of application for payment instructions) to:

Brendan Breen
Society of Industrial and Office REALTORS®
1201 New York Ave., NW, Suite 350, Washington, DC 20005 USA
phone (+1) 202.449.8234, fax (+1) 202.664.1320

- 3) Questions about the application process should be directed to the Brendan Breen, Admissions Manager at (+1) 202.449.8234.



OFFICE USE:
ID: _____
Paid: \$ _____
Rec'd: _____
By: _____
Spec: _____

Society of Industrial and Office REALTORS®
Application for Reinstatement of Membership

Please print or type all information. Attach additional pages if you need more space to answer any questions. Illegible applications will be returned. Applications are available in Acrobat format only (not available in Word format).

Application for reinstatement of:

- Designation Associate Membership

1. **Last Name** (Surname) _____ **First** (Given) Name _____
 Middle Name(s) _____ **Suffix** (Jr., III, etc.) _____ **Nickname** (if applicable) _____

2. **Company** _____

Address _____

City _____ **State/Province** _____ **Zip/PCode** _____

Country _____ **Telephone** _____ **Fax** _____

Email _____

3. **Original SIOR Join Date:** _____ 4. **SIOR Quit Date:** _____

To qualify for Reinstatement, your official "quit date" must be within five years of the date that SIOR Headquarters receives this application.

5. Describe why you terminated your membership and why you wish now to reinstate it.

The above statements are true to the best of my knowledge. I declare that I meet the requirements for Reinstatement as set forth in SIOR's bylaws. I understand that I must pay any outstanding dues and fees or settle other unfulfilled requirements relating to my previous membership in SIOR before Reinstatement can be approved. I have enclosed a nonrefundable \$125 application fee, either by enclosing a check payable to SIOR or by providing credit card billing information so that my account can be charged for the application fee.

Signature: _____

Date: _____

Send completed applications to:
 Brendan Breen
 SIOR, 1201 New York Ave., NW, Ste. 350
 Washington, DC 20005 USA
 fax 202.664.1320, phone 202.449.8234

Credit Card Information for \$125 Application Fee:
<input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Name on card: _____
Account Number: _____
Expiration Date: _____
Signature: _____