



CREW HAMPTON ROADS

Commercial Real Estate Women of Hampton Roads MEMBERSHIP APPLICATION

Applicant Name: _____

Date: _____

MEMBERSHIP QUALIFICATION:

Prior to submission of your membership application and in order to be considered for membership you must:

1. Attend at least one meeting of CREW Hampton Roads.
2. Receive sponsorship from two current CREW Hampton Roads members. You may (1) put your two sponsors' contact information and full commentary attached as part of your completed membership application package; OR (2) have each of the sponsors fill in the contact information plus their full commentary and send directly to the Membership Committee Chair. It is the applicant's responsibility to ensure the completed sponsorship forms are submitted simultaneously with all of the other documentation to be considered as a completed membership application package.

As a new member, you will be encouraged to participate on a committee and must pay the annual calendar year membership dues. Once membership dues are paid, dues are non-transferrable and non-refundable.

MEMBERSHIP CATEGORIES: (select one)

() **Full Members** are any person of good character and reputation whose primary income is derived as a professional in a Qualified Field of Commercial Real Estate, as defined on page 2 of this application, may become a Full Member; provided however, that such person shall have at least five (5) years experience in said Qualified Field. The determination as to whether a person meets the membership qualifications set forth herein shall be made by the Board of Directors, in its sole discretion.

() **Candidate Members** must meet the same qualifications as the *Full Member* status, but has more than six (6) months and less than five (5) years of experience.

() **Affiliate Member** is a person who, (i) has more has five (5) consecutive years of experience in an Affiliated Field of Commercial Real Estate, (ii) is employed in a full-time position, the primary professional responsibilities of which relate to, benefit or support commercial real estate, (iii) is engaged in activities which supply a service or physical product related to commercial real estate, and (iv) whose admission furthers the purposes of the Association and benefits its Members, as determined by the Board of Directors. Applicants from companies that primarily contract as subcontractors for construction (i.e. mechanical, electrical or roofing), installation or maintenance activities will be considered for Affiliate Membership, except when applicant possess a professional license, in which case the applicant may be considered for Full Membership, if otherwise meets the requirements of Full Member.

() **Civic Members** are those who qualify for the *Full Member* status and are employed by a local or regional government, public agency such as an economic development or redevelopment authority, planning department, or professional educator.

() **Student Members** are enrolled in an accredited college, university, or educational institution. Students must be pursuing a concentration related to a commercial real estate related activity. The student category of membership will not have voting rights.

MEMBERSHIP ANNUAL DUES:

Full / Candidate / Affiliate Memberships: \$365 Annually / \$240 (After July 1st)

Civic Memberships: \$250 Annually / \$180 (After July 1st)

Student Memberships: \$105 Annually



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First Name: _____ **Last Name:** _____

Company Name: _____

Company Website: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Work Email: _____

Work Phone: _____ **Work Cell:** _____

Number of years of experience in a qualified field of commercial real estate: _____

Description of your company: _____

Please check the discipline that best describes your company's profession relating to commercial real estate:

<input type="checkbox"/> Accounting	<input type="checkbox"/> Economic Development	<input type="checkbox"/> Law
<input type="checkbox"/> Acquisitions/Dispositions	<input type="checkbox"/> Education	<input type="checkbox"/> Land Use Planning and Zoning
<input type="checkbox"/> Appraisal	<input type="checkbox"/> Engineering	<input type="checkbox"/> Market Research
<input type="checkbox"/> Architecture	<input type="checkbox"/> Environmental	<input type="checkbox"/> Program Management/Project Management
<input type="checkbox"/> Asset Management	<input type="checkbox"/> CRE Executive	<input type="checkbox"/> Property Management
<input type="checkbox"/> Brokerage	<input type="checkbox"/> Facility Management	<input type="checkbox"/> Public Sector
<input type="checkbox"/> Commercial Insurance	<input type="checkbox"/> Finance	<input type="checkbox"/> Quasi-Gov Transportation & Port Authorities
<input type="checkbox"/> Commercial Lending	<input type="checkbox"/> CRE Human Resources	<input type="checkbox"/> Real Estate Development
<input type="checkbox"/> Construction Mgmt/G.C.	<input type="checkbox"/> Interior Design/Space Planning	<input type="checkbox"/> Relocation Services, Corporate
<input type="checkbox"/> Consulting	<input type="checkbox"/> Investment Management	<input type="checkbox"/> Risk Management
<input type="checkbox"/> Corporate Real Estate	<input type="checkbox"/> Investor Relations	<input type="checkbox"/> Title/Escrow
<input type="checkbox"/> Cost Segregation	<input type="checkbox"/> Land Surveying	<input type="checkbox"/> Other
<input type="checkbox"/> CRE Business Development (100% CRE Firm Only)		

Description of your specific responsibilities within the company and your length of employment: _____

Description of core/target client base: _____

Licenses and professional certifications: _____



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Are you currently, or have you ever been a member of, another chapter of CREW Network?

If so, where and when?

Open Meetings Attended (indicate month and year, applicant must attend at least 1 event within 12-month period):

Month: _____ Year: _____

CREW Hampton Roads Sponsors:

First Sponsor: _____

Second Sponsor: _____

Committee Interest: CREW Hampton Roads is proud to have a number of active committees. Each new member is encouraged to participate in a committee and take advantage of the networking opportunities they present. Please indicate a minimum of three (3) committees in which you have an interest in participating. (see website www.crewhamptonroads.org for description of committees)

- | | | | |
|--------------------------------------------|--------------------------------------|-----------------------------------------|----------------------------------|
| <input type="checkbox"/> Community Service | <input type="checkbox"/> Membership | <input type="checkbox"/> Programs | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Sponsorship | <input type="checkbox"/> Special Events | |

COMMITTEE MEETING TIMES:

Community Service: 2nd Tuesday of the month @ 12 pm (Town Center); **Public Relations:** Same day as CREW luncheon @ 10:30 am (luncheon location); **Membership:** 3rd Thursday of the month @ 8:30 am /as needed (Town Center); **Sponsorship:** Once a month; **Programs:** 4th Wednesday of the month @ 3:00 pm (Town Center); **Special Events:** 4th Thursday of the month @ 12 pm (Downtown Norfolk); **Finance:** Quarterly/as needed

SIGNATURE:

By signing below, I agree that the information provided within this application is correct to the best of my knowledge and I agree to the membership terms outlined. I hereby certify that I am currently in good standing with all applicable licensing requirements of my profession and authorize inquiries regarding any references. If permitted membership to CREW Hampton Roads, I agree to conform to and uphold the highest professional standards and ethical requirements of CREW Hampton Roads, CREW Network, and my profession. I agree to notify the CREW Hampton Roads Membership Chair of any changes in my status that would affect my membership in CREW Hampton Roads.

Applicant Signature: _____

Date: _____

APPLICATION SUBMISSION: Feel free to contact the following Membership Committee Co-chair with any questions pertaining to this application. Please submit this application to:

Maureen Logan, Membership Committee Co-chair
(757) 364-6742
maureen.logan@atcgs.com

Upon approval of your application, you will be invoiced by CREW Network. These dues may increase each year thereafter. Dues paid to CREW Hampton Roads are not deductible as charitable contributions for Federal Income Tax purposes, but may be deductible as a business expense.

C R E W



NETWORK

CREW Network Member Data Sheet

Prefix:	Name:	Tag: <i>(MAI, JD, etc.)</i>
Chapter:		Chapter Membership Classification:

Contact Information

Company Name:		Title:	
Business Address:			
City:		State/Province:	Postal Code:
Email:		Alternate Email:	
Work Phone:	Cell Phone:	License #: <i>(optional)</i>	

Demographic Information

What year did you begin working in the commercial real estate industry?

From the list below, please identify the field in which you have expertise that qualifies you for membership. If not listed below, you are likely an Affiliate member; please use the "Other" blank to indicate your area of expertise.
NOTE: up to ten searchable values for your personal specialty can be added from your CREWbiz profile online.

<input type="checkbox"/> Accounting	<input type="checkbox"/> Acquisitions / Dispositions	<input type="checkbox"/> Appraisal	<input type="checkbox"/> Architecture
<input type="checkbox"/> Asset Management	<input type="checkbox"/> Brokerage	<input type="checkbox"/> CRE Business Dev'tment <i>(100% CRE firm only)</i>	<input type="checkbox"/> Commercial Insurance
<input type="checkbox"/> Commercial Lending	<input type="checkbox"/> Construction Mgmt / General Contracting	<input type="checkbox"/> Consulting	<input type="checkbox"/> Corporate Real Estate
<input type="checkbox"/> Cost Segregation	<input type="checkbox"/> Economic Development	<input type="checkbox"/> Education	<input type="checkbox"/> Engineering
<input type="checkbox"/> Environmental	<input type="checkbox"/> CRE Executive	<input type="checkbox"/> Facility Management	<input type="checkbox"/> Finance
<input type="checkbox"/> CRE Human Resources	<input type="checkbox"/> Interior Design / Space Planning	<input type="checkbox"/> Investment Management	<input type="checkbox"/> Investor Relations
<input type="checkbox"/> Land Use Planning and Zoning	<input type="checkbox"/> Land Surveying	<input type="checkbox"/> Law	<input type="checkbox"/> Market Research
<input type="checkbox"/> Program Management / Project Management	<input type="checkbox"/> Property Management	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Quasi-Governmental Trans. & Port Authority
<input type="checkbox"/> Real Estate Development	<input type="checkbox"/> Relocation Services, Corporate	<input type="checkbox"/> Risk Management	<input type="checkbox"/> Title / Escrow

Other: _____

Optional Information

Company Specialty / Industry Segment <i>(identify one from list above):</i>	What level are you in your current position <i>(select one)</i> : <input type="checkbox"/> C-Suite <input type="checkbox"/> SVP/VP/Partner <input type="checkbox"/> Senior Level <input type="checkbox"/> Self-Employed <input type="checkbox"/> Mid-Level/Assoc <input type="checkbox"/> Entry-Level	
Other Industry <input type="checkbox"/> AI <input type="checkbox"/> BOMA <input type="checkbox"/> CCIM <input type="checkbox"/> CORENET <input type="checkbox"/> ICSC <input type="checkbox"/> IREM		
Affiliations: <input type="checkbox"/> NAIOP <input type="checkbox"/> SIOR <input type="checkbox"/> ULI Other: _____		
Gender:	Ethnicity:	Date of Birth:
Home Address: <i>(incl. city, st, zip)</i>		Home Phone:



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MEMBERSHIP APPLICATION

NEW MEMBER SPONSOR FORM

Applicant Name: _____

Date: _____

Thank you for agreeing to sponsor a prospective CREW Hampton Roads Member.

YOUR NAME: _____

YOUR TITLE: _____

YOUR COMPANY: _____

YOUR PHONE NUMBER: _____

YOUR EMAIL ADDRESS: _____

How long and in what context have you known the person you are sponsoring?

Please tell us why you feel this candidate will be an asset to CREW Hampton Roads?

Please note other related information or comments important for consideration?

Thank you for responding promptly.

Please return this form to Maureen Logan at maureen.logan@atcgs.com. If you have any questions, please contact Maureen at (757) 364-6742.



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