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## Membership Application

CREW Naples-Ft. Myers, Inc.

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Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Cell/Mobile Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address (mandatory): \_\_\_\_\_ Birthday: \_\_\_\_\_

Length of Employment in Commercial Real Estate: \_\_\_\_\_ (please attach resume or bio)

Education: \_\_\_\_\_

Basic Job Description: \_\_\_\_\_

Professional Affiliations & Community Involvement: \_\_\_\_\_

Have you been a member of CREW before? If yes, please provide detail with Chapter and duration of your membership: \_\_\_\_\_

**Please tell us how you heard about us:** \_\_\_\_\_

**Who referred you to CREW?** \_\_\_\_\_

**Membership Class applying for:**

- General**-5 or more years of commercial real estate experience in a qualified field (listed below).
- Associate**-Less than 5 years of commercial real estate experience in a qualified field. (Non-voting member and ineligible to serve on the Board of Directors.)
- Affiliate**-Those not in a qualified field of commercial real estate. (Annual sponsorship fee of \$250 in addition to dues unless joining as a platinum or gold sponsor partner.)
- Student/Retired/Civic**-Available for students in a qualified field, retired former Chapter members, and governmental, political and academic professions. (Non-voting member and ineligible to serve on the Board of Directors.)

**References: Please provide one (1) reference (other than sponsor):**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**NOTE: All candidates for membership must have attended one Chapter event in the last 12 months and must have one confirmed existing CREW Chapter member who will serve as your sponsor. If you do not already have a confirmed sponsor, please contact the Membership Chair.**

**Sponsor Name:** \_\_\_\_\_

**Qualified Fields of Commercial Real Estate:**

Please indicate the category that BEST describes your role in your company:

<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 Development (100% CRE firm only)	<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/Zoning	<input type="checkbox"/>	Land Surveying	<input type="checkbox"/>	Law	<input type="checkbox"/>	Market Research
<input type="checkbox"/>	Program/Project Mgmt	<input type="checkbox"/>	Property Management	<input type="checkbox"/>	Public Sector	<input type="checkbox"/>	Quasi-Governmental Transportation & Port
<input type="checkbox"/>	Real Estate Development	<input type="checkbox"/>	Relocation Services, Corporate	<input type="checkbox"/>	Risk Management	<input type="checkbox"/>	Title/Escrow

**Committee Participation:**

Upon acceptance as a member of CREW, **you will be required to participate** in at least one of the following committees, so that you may play a vital role in the development of our organization and get to meet fellow members. Please select (up to) 3 committees from the following list by priority of your interest and experience: (1) Highest priority & experience (2) Interest and some experience (3) Interest with no experience.

- Marketing       Sponsorships       Membership       Programs

**Annual Dues:**

Membership Type	Annual Dues	Mid-Year Dues (After July 1)
General	\$450	\$310
Associate	\$400	\$290
Affiliate	\$475 + \$250 sponsorship	\$310 + \$250 sponsorship
Student/Retired/Civic	\$235	\$210

**All new memberships require an additional (one-time) \$25 administration processing fee upon application.** Dues and fees should be paid through the website at <http://www.crewswfl.com/> or may be paid via check. Payment of both items is required to activate membership and must occur prior to receipt of member rates or benefits. Membership renewal is annually on a January 1st to December 31st calendar year. Applicants transferring from another CREW chapter are not required to pay the \$25.00 application fee.

**Membership (and all benefits) in CREW is held solely by individuals (not corporations) and is non-transferrable. Companies may not assume memberships of individuals if they leave or change positions. By completing this application, you confirm that the party responsible for payment of annual dues has been notified of this information.**

Membership Chair: Lori Moore- [lmoore@ralaw.com](mailto:lmoore@ralaw.com)

Website: <http://www.crewswfl.com/>

By signing below, I authorize that all information provided is true and correct as per the date noted, and grant permission to include my name, photo (if provided), company name, e-mail and business number provided above on the Chapter website and Chapter materials.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# CREW Network Member Data

**NETWORK**

**First:** 
**Middle:** 
**Last:**

**Prefix:** 
**Nickname:** 
**Tag:**  MAI, JD, CPA, etc.

**Title:**

**Company Name:**

**Address:**

**City:**   **Zip:**

**Email:**

**Work:**  **Ext:**

**Direct Dial:**  **Ext:**

**Fax:**

**Home:**

**Cell:**

**Years Experience in CRE:**

**SPECIALTY**

Information in this space describes your area of specialization. Please select one primary area of expertise for listing and indexing in the directory. To change the listing shown above, please select from the following (circle one)

- |                |                          |                            |                       |
|----------------|--------------------------|----------------------------|-----------------------|
| ACCOUNTING     | CONSTRUCTION             | INTR DESIGN/SPACE PLANNING | PERSONNEL/HR          |
| ACQUISITIONS   | CORP. REAL ESTATE        | INSURANCE                  | PROPERTY MANAGEMENT   |
| ADMINISTRATION | DEVELOPMENT              | INVESTMENTS                | PUBLIC RELATIONS      |
| ADVERTISING    | EDUCATION/ECON. DEV/GOVT | JOURNALISM                 | PUBLIC SERVICE/AGENCY |
| APPRAISAL      | ENGINEERING              | LAW                        | RELOCATION            |
| ARCHITECTURE   | ENVIRONMENTAL            | LEASING                    | SALES                 |
| ASSET MGMT     | EXCH. INTERMEDIARY/1031  | MARKETING                  | SYNDICATION           |
| BROKERAGE      | FINANCE                  | MARKET RESEARCH            | TITLE/ESCROW          |
| CONSULTING     | INSTITUTIONAL LENDING    | MORT BANKING/BROKERAGE     | TENANT REPRESENTATN   |

Specialty Amplification: Many commercial real estate professionals have special areas of expertise which are not adequately described by the broad categories above. If this is your case, please visit the CREW Network web site at [www.crewnetwork.org](http://www.crewnetwork.org) to describe your expertise or qualifications. You are provided 255 spaces to do so, and the visitors to the web site can search this field for key words. This field will not be edited by anyone but you.

Other Commercial Real Estate Affiliations:
  BOMA: 
 ICSC: 
 IREM: 
 NAIOP: 
 CORENET: 
 SIOR: 
 ULI: 
 CCIM: 
 You may list others below, but only these are indexed.

**OPTIONAL FIELDS:**

**GENDER:** F M      **RACE:**

**Secondary Company Info:**

**Home Phone:**       **Home Address:**

**FOR CHAPTER USE ONLY:**

CHAPTER NAME: _____	Approval Authorized By: _____ Date: __/__/__
NEW MEMBER: Y N Category of Membership: _____	CREW NETWORK TO INVOICE: Y N \$ _____