

## 1. Contact Information - Please Print

Name \_\_\_\_\_

First Name for Course Badge \_\_\_\_\_

Company \_\_\_\_\_

Street Address \_\_\_\_\_

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

Day Phone \_\_\_\_\_ Cell/Evening Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Check here if the above information should be your preferred IREM<sup>®</sup> mailing address

## 2. IREM<sup>®</sup> Member Discount

If you are already an IREM<sup>®</sup> Member, please select your membership type

- |   |   |
|---|---|
| <input type="checkbox"/> CPM <sup>®</sup> Member    | <input type="checkbox"/> AMO <sup>®</sup> Firm Employee |
| <input type="checkbox"/> CPM <sup>®</sup> Candidate | <input type="checkbox"/> Associate Member               |
| <input type="checkbox"/> ARM <sup>®</sup> Member    | <input type="checkbox"/> Academic Member                |
| <input type="checkbox"/> ACoM Member                | <input type="checkbox"/> Student Member                 |

IREM<sup>®</sup> ID Number \_\_\_\_\_

Please send me the following membership applications

- |   |   |
|---|---|
| <input type="checkbox"/> Academic Member  | <input type="checkbox"/> ARM <sup>®</sup> |
| <input type="checkbox"/> ACoM             | <input type="checkbox"/> Student Member   |
| <input type="checkbox"/> AMO <sup>®</sup> |   |

Membership applications can also be downloaded at [www.irem.org/join](http://www.irem.org/join)

## 3. Classroom Location

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you require special accommodations in accordance with the ADA regulations, contact us at [edservices@irem.org](mailto:edservices@irem.org) or 312-329-6042

## 5. Referring Chapter

Were you referred by an IREM<sup>®</sup> Chapter?  Yes  No

List Chapter Name \_\_\_\_\_

## 4. Payment Method

Check or money order (Payable to IREM<sup>®</sup>)

Visa     MasterCard     American Express     Discover

Card Number \_\_\_\_\_

Corporate Card ID Number \_\_\_\_\_

Card Expiration Date \_\_\_\_\_ CCV \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Billing Address \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 6. Course

## Format/Location

## Date

## Tuition

(Classroom or Online)

6. Course	Format/Location (Classroom or Online)	Date	Tuition

Special Course Notes: If registering for the MPSA, please select a property type below:

- Conventional Apartment     Retail strip shopping center     Office Building

**Total** \_\_\_\_\_

**Ways to Register: Online/Email**  
[www.irem.org](http://www.irem.org)  
[getinfo@irem.org](mailto:getinfo@irem.org)

**Mail**  
 IREM  
 430 N. Michigan Ave.  
 Chicago, IL 60611-4090

**Phone**  
 (800) 837-0706, ext 4650  
 Mon-Fri, 7:30am-5pm CST  
 Outside the U.S. call: +1-312-329-6000

**Fax**  
 (800) 338-4736