

Application for Membership

Thank you for your interest in CREW East Bay. CREW East Bay is a professional organization for individuals in commercial real estate. Our mission is to enhance professional growth and business opportunities for women as influential leaders in the commercial real estate industry and to promote their success by providing resources, recognition and networking. We encourage all applicants to attend 2 or more CREW EB events before submitting an application. The following is a summary of the requirements for membership in CREW East Bay. All applicants must:

- Work in a Qualified Field of Commercial Real Estate - See Section 3, below
- Pay Applicable Dues and Fees- See Section 5, below
- Hold a minimum of five (5) years of commercial real estate experience for **General Membership**; or two (2) years for an **Associate Membership**; or five (5) years in a position whose primary professional responsibilities relate to, benefit or support commercial real estate and supply a service or product related to commercial real estate for **Affiliate Membership**.

*If submitting after June 30, pro-rated annual dues are \$190 plus a non-refundable one-time application fee.

1. PERSONAL INFORMATION- Present Employment

Name:		Office Phone:	
Title:		Cell Phone:	
Designation(s):		Email:	
Company:			
Address:		# years with current employer:	
City/St/Zip:		# years in commercial real estate:	

2. EMPLOYMENT HISTORY

Company Name:		Company Name:	
Title:		Title:	
Type of Business:		Type of Business:	
Contact:		Contact:	
Phone:		Phone:	
Dates of Employment:		Dates of Employment:	

Please List two (2) CREW East Bay Members who will sponsor you:

1. _____

2. _____

Please also include a brief bio or resume with your application submission.

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3. QUALIFIED FIELD OF COMMERCIAL REAL ESTATE

The term "Qualified Field Commercial Real Estate" shall include the areas listed below. To be considered for membership, an applicant must demonstrate that they are employed in a substantially full time professional position in one or more of the fields below. Please indicate, in order of relevance, up to three (3) fields in which you specialize within your profession.

<input type="checkbox"/> Accounting	<input type="checkbox"/> Acquisitions/Dispositions	<input type="checkbox"/> Administration	<input type="checkbox"/> Appraisal
<input type="checkbox"/> Architecture	<input type="checkbox"/> Asset Management	<input type="checkbox"/> Brokerage	<input type="checkbox"/> Business Development
<input type="checkbox"/> Commercial Insurance	<input type="checkbox"/> Commercial Lending	<input type="checkbox"/> Construction, General	<input type="checkbox"/> Construction, Management
<input type="checkbox"/> Consulting, Comm RE	<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 Planning	<input type="checkbox"/> Facility Management
<input type="checkbox"/> Finance	<input type="checkbox"/> Int. Design/Space Planning	<input type="checkbox"/> Investment Management	<input type="checkbox"/> Investor Relations
<input type="checkbox"/> Land Use Planng/Zoning	<input type="checkbox"/> Law	<input type="checkbox"/> Market Research	<input type="checkbox"/> Marketing/PR, Comm RE
<input type="checkbox"/> Personnel/HR	<input type="checkbox"/> Program / Project Mgmt	<input type="checkbox"/> Property Management	<input type="checkbox"/> Public Sector
<input type="checkbox"/> Quasi-Governmental Transportation/Port Authorities	<input type="checkbox"/> Real Estate Development	<input type="checkbox"/> Relocation Services	
<input type="checkbox"/> Risk Management	<input type="checkbox"/> Title/Escrow		

Please note that the following are **not** considered Qualified Commercial Real Estate Fields:

- (1) Providing or selling materials or products used in the construction, equipment, or operation of buildings, including roofing materials and furniture as well as sub-contractors for such products & services.
- (2) Providing or selling personal services such as life insurance, disability income insurance, financial planning, retirement planning, or personal counseling.
- (3) Rendering services in connection with the sale or transfer of residential property containing four or fewer units.

4. CREW East Bay INVOLVEMENT

CREW East Bay's organization and management is made up of a Board of Directors and several committee teams. New members are strongly encouraged to participate in teams and to undertake leadership positions. Please indicate your interest in the following committees in order of preference:

<input type="checkbox"/> Marketing	<input type="checkbox"/> Programs	<input type="checkbox"/> CREW Cares	<input type="checkbox"/> ELEVATE
<input type="checkbox"/> Membership	<input type="checkbox"/> Sponsorship	<input type="checkbox"/> Leadership & Special Events	

5. ANNUAL DUES & APPLICATION FEE

Membership dues are non-refundable and non-transferrable within a company or otherwise.

Memberships expire on December 31.

Annual Dues for 2018 for General, Associate or Affiliate Members	\$320.00*
Non-Refundable Application Fee	<u>\$ 25.00</u>
Total Due:	\$345.00

* If submitting after June 30, pro-rated semi-annual dues are \$190 + a non-refundable one-time application fee. Civic, Student or Member in Transition memberships are available, at a discount, for those who qualify. Please contact Anita Jimenez for more information if this is applicable to you.

6. SUBMISSION OF APPLICATION

Please email pages 1 & 2 of the application to CREW East Bay: ajimenez@ubb-us.com

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7. SUBMISSION OF PAYMENT (required at time of application).

APPLICANT NAME: _____

Payment VIA: Check _____ Credit Card _____

Payment via CHECK: CHECK NUMBER: _____ CHECK AMOUNT: _____

If you are submitting a check, please mail a copy of this page with your check to:

EAST BAY CREW c/o CREW Network:

1201 Wakarusa Dr. Ste D, Lawrence, KS 66049

Payment via CREDIT CARD:

Credit Card Information* (VISA, MC, AMEX, DISCOVER)

Amount to Charge: \$ _____

Account Number _____

Exp Date _____

Cardholders Name _____

Billing Zip _____

Cardholder's Signature _____