



# Academic Membership Application

Annual dues: US\$100 for faculty/US\$50 for students.  
Please complete payment authorization on Page 2.

## Step 1: Enter member information.

Academic membership category:  Full-time faculty member  Full-time student

Name:  Dr.  Mr.  Ms.  Mrs. \_\_\_\_\_

University Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

Business Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

College or University: \_\_\_\_\_

School: \_\_\_\_\_

Department: \_\_\_\_\_

Major fields of instruction, research or study: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Educational background (students only): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If student, degree being pursued: \_\_\_\_\_ Graduation date: \_\_\_\_\_

Attention all applicants: Please indicate your institution's Web address: \_\_\_\_\_

Faculty applicants only: Attach a copy of your curriculum vitae to this application.  
It should include courses taught and publications.

**Please provide a written statement explaining why you desire to become an Academic member of IAMC. It should be typed or printed plainly and attached to this application when mailed.**

I understand that I am applying for Academic membership in IAMC, which may be granted to individuals who are full-time faculty members employed by a properly accredited college or university and whose primary assignment is teaching courses and/or conducting research in real estate or related areas. Academic membership may also be granted to full-time students at properly accredited colleges or universities who are pursuing degrees, undergraduate or graduate, in real estate or related areas.

Academic membership is designed to facilitate the flow of ideas, information and research. Persons holding Academic membership may not seek or solicit from other IAMC members any form of work (such as consulting assignments). Those persons desiring to use their IAMC affiliation for this purpose are encouraged to apply for Associate membership.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

I have completed pages 1 and 2 and signed this application.

**Step 2: Enter payment information.**

PAYMENT AUTHORIZATION – *Please complete the following payment authorization to be processed upon acceptance of your application:*

- Please invoice me.
- Check enclosed.
- Please charge
  - US\$100 (full-time faculty member) or  US\$50 (full-time student)

to my credit card:

- American Express
- MasterCard
- VISA

Name on credit card (please print): \_\_\_\_\_

Account number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I attest to the truth and accuracy of the above information and if accepted, I agree to abide by the Council's bylaws and code of ethics, support its objectives and pay the dues established by the IAMC Board of Directors.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For U.S. Federal Income Tax purposes, IAMC dues are not deductible as a charitable contribution; however, member companies can deduct most of their dues as an ordinary and necessary business expense.

**Mail or fax all applications to:  
WORLDWIDE HEADQUARTERS**



**IAMC**

**INDUSTRIAL ASSET MANAGEMENT COUNCIL**

**6625 The Corners Parkway, Suite 200**

**Norcross, Georgia 30092 USA**

Phone: (770) 325-3461

Fax: (770) 263-8825

*www.iamc.org*