

8. Examinations passed for real property assessment

Agency	Title of Examination	Date

9. Other professional attainments (author, teacher, lecturer, etc. assessment related)

10. Present or previous membership in assessing and appraisal organizations

New York State Assessors' Association (required) From _____ To _____

Other _____ From _____ To _____

11. Assessor experience: Number of years _____ % of full time _____
(Note: Full time for this purpose is defined as at least 35 hours per week.)

12. Person referring applicant (if anyone) _____

13. References (three persons familiar with personal and professional qualifications)

Name	Address	Zip Code

14. Give concise outline of major work performed (assessment related)

15. I certify that the above information is true and I declare that I understand the duties, responsibilities and obligations of a member of the Institute and that, if accepted into membership, I shall comply with the Constitution, Bylaws and Code of Ethics of the Institute of Assessing Officers.

_____ Dated _____ Applicants' complete signature in ink

Do not write below this line: You may supplement this application with additional sheets.

	Date
Application Fee Received	_____
Application Accepted	_____
Application Denied	_____
Examination (first)	_____
Completion of Required Course (after failure of first exam)	_____
Examination (second)	_____
Examination (third)	_____