



IREM Institute of Real Estate Management

Southern New Jersey Chapter No. 101

FRIENDS OF IREM APPLICATION

This portion is to be completed by the current IREM SNJ #101 Chapter member in good standing who is introducing the prospective Friend before sending it to the applicant (CANNOT be a fellow Friend of IREM):

NAME OF INTRODUCING MEMBER: _____

HOW LONG HAVE YOU KNOWN THE APPLICANT: _____

WHY DO YOU RECOMMEND THE APPLICANT FOR THE FRIENDS OF IREM PROGRAM? _____

DO YOU HAVE DIRECT BUSINESS CONTACT WITH WTH APPLICANT? _____
PLEASE DESCRIBE: _____

This portion is to be completed by the applicant. This contact will receive all chapter correspondence, directory info and will be printed as the companies' membership contact.

COMPANY NAME: _____

NAME OF COMPANY REPRESENTATIVE: _____

COMPANY ADDRESS: _____

TELEPHONE # _____ FAX # _____

E-MAIL ADDRESS: _____ WEBSITE: _____

SELECT SERVICE CATEGORY YOU ARE APPLYING FOR: (Check One Box Only)

<input type="checkbox"/> Advertising/Public Relations/Marketing	<input type="checkbox"/> Insurance
<input type="checkbox"/> Asphalt/Concrete	<input type="checkbox"/> Landscaping (Int. and Ext)/Snow Removal
<input type="checkbox"/> Building & Window Cleaning/Building Restoration/Waterproofing	<input type="checkbox"/> Laundry
<input type="checkbox"/> Cabinetry/Appliance Distributor	<input type="checkbox"/> Law Firm
<input type="checkbox"/> Communications/Telecommunications	<input type="checkbox"/> Painting & Wall Covering Contractors
<input type="checkbox"/> Consultants	<input type="checkbox"/> Paint Suppliers
<input type="checkbox"/> Credit/Criminal/Court Records	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Disaster Restoration	<input type="checkbox"/> Recruitment/Staffing for Property Management
<input type="checkbox"/> Elevators	<input type="checkbox"/> Roof/Gutters
<input type="checkbox"/> Environmental	<input type="checkbox"/> Screening Reports/Collections
<input type="checkbox"/> Exterminating/Pest Control	<input type="checkbox"/> Supplies
<input type="checkbox"/> Fire & Life Safety/Access Control & Security	<input type="checkbox"/> Swimming Pool Management
<input type="checkbox"/> Full Service Maintenance/Janitorial	<input type="checkbox"/> Trash/Recycling/Solid Waste Management
<input type="checkbox"/> Furniture Rental	<input type="checkbox"/> Window & Door Manufacturer
<input type="checkbox"/> HVAC/Energy Management	

HOW DID YOU FIRST BECOME FAMILIAR WITH IREM? _____

IDENTIFY OTHER REAL ESTATE PROPERTIES WHICH CURRENTLY USE YOUR SERVICES: _____

HAVE YOU EVER ATTENDED AN IREM MEETING/SOCIAL FUNCTION? _____

NUMBER OF YEARS IN BUSINESS: _____

PROFESSIONAL AFFILIATIONS: _____

WHAT BENEFITS DO YOU FEEL IREM CAN OFFER TO YOUR COMPANY? _____

LIST NAMES ADDRESSES AND PHONE NUMBERS OF 2 BUSINESS REFERENCES:

NAME: _____ NAME: _____

COMPANY: _____ COMPANY: _____

ADDRESS: _____ ADDRESS: _____

TELEPHONE: _____ TELEPHONE: _____

PLEASE ATTACH A DESCRIPTION AND/OR BROCHURE EXPLAINING YOUR COMPANY'S SCOPE OF OPERATION.

Membership Fee: \$365 annually

Please sign the form and return it with a check for \$365 payable to: IREM-SNJ No. 101

Mail to: IREM – SNJ No. 101

PO BOX 41

Riverton, NJ 08077-0041

Pay by VISA/MasterCard/Discover ONLY

Name on Card: _____

Street Address on Card: _____

Zip Code: _____

Card #: _____ Exp Date: _____

Security Code: _____ Signature: _____

A "Friend" shall be a Friend, not a member, of the Institute. Only CPM members (CERTIFIED PROPERTY MANAGERS), AMO firms (ACCREDITED MANAGEMENT ORGANIZATIONS), ARM member (ACCREDITED RESIDENTIAL MANAGERS) and CPM Candidates may be members. By signing below, I agree that I shall not hold myself out to be a member of the Institute of Real Estate Management, nor shall I use or permit the use of the CPM, ARM or AMO designations or any other indicia of membership in, or affiliation with, the Institute. I understand that, if approved as a Friend of IREM, I may use the name Institute of Real Estate Management and/or its acronym "IREM" only in conjunction with the words "Friend of" for the sole and limited purpose of indicating that I am a Friend of the Institute. I understand that, should my participation as a Friend be terminated by the chapter at any time, there shall be no refund of my contribution.

The "Friends of IREM" program is not a National program but solely and exclusively under the direction and administration of Chapter No. 101. All rules, regulations, privileges and penalties, costs, dues, changes, modifications, administration and such are under the sole direction and discretion of Chapter No.101. Chapter No.101 may modify and/or terminate participation and/or the program without prior notice.

All Friend of IREM companies are required to participate in at least two of the following events/activities each year in order to be invited to renew their participation in the Friends of IREM program for the following year:

1. Participate in the IREM Tri-State Conference & Expo
2. Attend at least one of the four chapter meetings throughout the year
3. Advertise in at least one of the three issues of the Chapter Newsletter or in the Annual Membership Directory.

The chapter office will inform any Friend of IREM by September of each year, if they have not yet met this requirement.

Applicant's Signature _____ Date of application _____