

## INDIANA REAL ESTATE EXCHANGORS, INC. P.O. Box 2385 Indianapolis IN 46206

## **Membership Application**

Name:		Membership Type*: Phone:		
Firm Name:				
E-Mail:		Fax: _		
Address:	City:	State:	_ Zip:	
1. I (am) (am not)	a licensed real estate person in	the state of		·
	ears of real estate experience of rimary area of specialization is			
3. I have the follow	ving professional designations:			•
4. I am a member	of the following exchange or m	arketing groups:		
	completed the following real es			
		Date		
		Date		
		Date		
6. I (own) (do not o	own) commercial / investment r	real estate.		
7. I (manage) (do n	do not manage) commercial / investment real estate.			
8. I (lease) (do not	lease) commercial / investment	t real estate.		
9. I (broker) (do no	t broker) commercial / investm	ent real estate.		
I am sponsored by:	signature of sponsor	·		
If accepted for mem	bership, I agree to abide by and	support IREX's By-La	aws and Co	ode of Ethics.
Signature		Date		

<sup>\*</sup>Membership types are: **Regular**, for licensed Indiana Real Estate professionals (\$125); **Affiliate**, for licensed Real Estate professionals outside Indiana (\$25); **Associate**, for non-licensed real estate related professionals (\$125); and **Student**, for full time college students pursuing a real estate related course of study (\$25).