



CREW Network Member Data Sheet

Prefix:	Name:	Tag: <i>(MAI, JD, CPA, etc.)</i>
Chapter:		Membership Category:

Contact Information

Company Name:		Title:	
Business Address:			
City:		State/Province:	Postal Code:
Email:		License # <i>(optional)</i> :	
Work Phone:	Cell Phone:	Alt. Email:	

Demographic Information

What year did you begin working in the commercial real estate industry?

From the list below, please identify the field in which you have expertise that qualifies you for membership. If not listed below, you are likely an Affiliate member; please use the "Other" blank to indicate your area of expertise.
NOTE: up to ten searchable values for your personal specialty can be added from your CREWbiz profile online.

<input type="checkbox"/> Accounting	<input type="checkbox"/> Acquisitions / Dispositions	<input type="checkbox"/> Appraisal	<input type="checkbox"/> Architecture
<input type="checkbox"/> Asset Management	<input type="checkbox"/> Brokerage	<input type="checkbox"/> Commercial Insurance	<input type="checkbox"/> Commercial Lending
<input type="checkbox"/> Construction Mgmt / General Contracting	<input type="checkbox"/> CRE Consulting	<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
<input type="checkbox"/> CRE Executive	<input type="checkbox"/> Facility Management	<input type="checkbox"/> Finance	<input type="checkbox"/> CRE Human Resources
<input type="checkbox"/> Interior Design / Space Planning	<input type="checkbox"/> Investment Mgmt.	<input type="checkbox"/> Investor Relations	<input type="checkbox"/> Land Surveying
<input type="checkbox"/> Land Use Planning and Zoning	<input type="checkbox"/> Law	<input type="checkbox"/> Market Research	<input type="checkbox"/> Program Management / Project Management
<input type="checkbox"/> Property Management	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Quasi-Governmental Trans. & Port Authority	<input type="checkbox"/> Real Estate Development
<input type="checkbox"/> Relocation Services, Corporate	<input type="checkbox"/> Risk Management	<input type="checkbox"/> Title / Escrow	Other: _____

Optional Information

Company Specialty / Industry Segment <i>(identify one from list above):</i>	What level are you in your current position <i>(select one)</i> : <input type="checkbox"/> C-Suite <input type="checkbox"/> SVP/VP/Partner <input type="checkbox"/> Senior Level <input type="checkbox"/> Self-Employed <input type="checkbox"/> Mid-Level/Assoc <input type="checkbox"/> Entry-Level	
Other Industry Affiliations: <input type="checkbox"/> AI <input type="checkbox"/> BOMA <input type="checkbox"/> CCIM <input type="checkbox"/> CORENET <input type="checkbox"/> ICSC <input type="checkbox"/> IREM <input type="checkbox"/> NAIOP <input type="checkbox"/> SIOR <input type="checkbox"/> ULI Other: _____		
Gender:	Ethnicity:	Date of Birth:
Home Address: <i>(incl. city, st, zip)</i>		Home Phone: