

AARO Membership Application

All membership applications are dependent on approval by the AARO Board of Directors

Jurisdiction or Entity Information				
Jurisdiction/Entity Name				
Website				
Primary Contact Information				
Person Most Likely to be Involved with AARO				
First Name	La	st Name		
Email Address				
Street Address 1				
Street Address 2				
City	State		Zip	
Phone Number		x Number		
Membership Type In accordance with the Bylaws of the Association of Appraiser Regulatory Officials, and on behalf of the above jurisdiction/ entity, I request favorable consideration of this application for membership as a: \$0.00 Member Jurisdiction (Non-Dues Paying) (Qualified Regulatory) Varies* Member Jurisdiction (Dues paying & voting rights) (Refer to chart*) Varies Active Member (Fees are based on Member Jurisdiction) \$100.00 Associate Member \$0.00 Honorary Member \$750.00 Affiliate Member Briefly explain how your membership will benefit AARO.				
Attestation				
If approved as a member, I Code of Conduct.		RO's bylaws a	and will abide by A	ARO's
Signature		Da	nte	
Please return the completed AARO PO Box 187 Des Moines, IA 503		*Category SML MED1	ASC Active Appra Count as of Janua 0-100 101-500	
OR		MED2 LRG1	501-1000 1,001-2,500	\$600 \$900
Via email to brandy.march@aaro.net		LRG2 XLG	2,501-5,000 5001 +	\$1,000 \$2,000