

## **AARO** Membership Application

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

	Jurisdiction or Ent	tity Information		
Jurisdiction/Entity Name		•		
Website				
	Primary Contac			
	*Person Most Likely to be		)*	
First Name		Last Name		
Email Address				
Street Address 1				
Street Address 2		<b>G</b>		
City	<u> </u>	State	Zip	
Phone Number	   Membersh	Fax Number		
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				
	Attesta	ation		
If approved as a member, I			and will abide by AARO	)'s
Code of Conduct.				-
Signature		D	ate	
Please return the completed AARO 6325 Falls of Neuse Suite 35-447 Raleigh, NC 27615		SML MED1	ASC Active Appraiser Count as of January 1 0-100 101-500	Dues \$50 \$250
OR		MED2 LRG1 LRG2 XLG	501-1000 1001-2500 2501-5000 5001 +	\$350 \$450 \$550 \$950

Via email to brandy.march@aaro.net