



COMMERCIAL REAL ESTATE WOMEN OF LAS VEGAS
P.O. Box 97873
Las Vegas, NV 89193-7873
(702) 798-5156
FAX (702) 798-8653

2020 NEW MEMBER APPLICATION PACKET

QUALIFICATIONS FOR MEMBERSHIP:

To be eligible for CREW Las Vegas, you must meet one of the following:

Individual/Full Member: 5 or more years experience in primary discipline of commercial real estate in a decision-making capacity

Associate Member: Less than 5 years experience in primary discipline of commercial real estate and students

Affiliate Member: 1 or more years of experience in commercial real estate support industry (i.e. landscape service, advertising, marketing, janitorial or journalism)

SPONSORSHIP:

Two active members must sponsor each applicant.

MEETINGS:

Each applicant must attend two CREW Las Vegas meetings prior to submitting application.

MEMBERSHIP DUES:

The dues for 2020 are 320.00, (\$245.00 after July 1) which includes membership in both the local and national organization.

All membership applications are subject to approval by the CREW Las Vegas Board. Once membership is approved by the board, you will receive an invoice for membership dues. Please do not send payment before then.

BECOME A FRIEND OF CREW:

Become a Friend of CREW, which includes one membership in both the local and national organization, company name listed on the Chapter website, email marketing, monthly lunch PowerPoint and listed in the Little Red Roster. \$750.00

Thank you for your interest in CREW Las Vegas. Please feel free to contact us at 702-798-5156 if you have any questions or tara@amnevada.com or visit www.crewlv.org.

Attachments:

1. CREW 2019 New Member Application (with member sponsor signatures)
2. CREW Network Member Information Form

Please note that CREW Las Vegas and CREW Network memberships stay with the individual and cannot be transferred if company/employee change during the membership term.

To expedite consideration of your application, please send the attached completed forms to:

CREW Las Vegas
P.O. Box 97873
Las Vegas, NV 89193-7873

Helping to advance women in all aspects of commercial real estate through educating, leading, networking & partnering.



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2020 NEW MEMBER APPLICATION

Name: _____
Last First Initial Informal Name

Title: _____ Company: _____

No. of years in Commercial Real Estate: _____

Do you have a Real Estate License? _____

Do you have any other professional designation? If so, please list. _____

Membership designation requested: Individual Associate Affiliate

On which committee(s) do you wish to serve this year? (check all that apply)

Membership Sponsorship Programs Marketing/Media Finance Social

Community Outreach Golf Tournament CREW LV Careers Special Event

Would you like to include your company name on your CREW Las Vegas name badge? Yes No

What is your company's specialty? (Max 50 characters, including spaces. To be included in the Little Red Roster.)

Please provide or attach a brief bio of yourself and a description of your business.

Personal Information (Hobbies, sports, other interests):

SIGNATURES (2 Member Sponsors Are Required)

Applicant _____ Date _____

(Member Sponsor - Sign & Print) _____ Date _____

(Member Sponsor - Sign & Print) _____ Date _____

Please fill out and return the completed application & CREW Network Form to CREW Las Vegas, P.O. Box 97873, Las Vegas, NV 89193-7873.

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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: