



National Association of Independent Fee Appraisers

330 N. Wabash Avenue, Suite 2000

Chicago, Illinois 60611

Phone: (312) 321-6830

Fax: (312) 673-6652

info@NAIFA.com

www.NAIFA.com

APPLICATION FOR RECIPROCAL DESIGNATION

Full Name:	
Employer:	
Business Address:	
City, State, and Zip Code:	
Business Phone Number:	
Business Fax Number	
E-Mail Address:	
Website:	
Certified License Number and State: *Please attach a copy of your license to this application.	
License Expiration Date:	
ASA Designation:	

DESIGNATION TYPE

(SELECT ONE)

Select	Type	Amount
	IFA: Residential appraiser specialist	\$125
	IFAA: Agricultural appraiser specialist	\$125
	IFAS: Senior appraiser specialist for non-residential and income properties	\$125

FEES & PAYMENTS

Total Fees: \$

Payment Type: Check – please make payable to NAIFA

Visa

MasterCard

American Express

Discover

Credit card number

Expiration date

Name on card

SIGNATURE

Are you currently the subject of any regulatory proceedings, or have you ever been disciplined by, or had a license, certification or registration suspended, revoked, or denied by a regulatory agency?

No

Yes. If yes, please attach a complete explanation, with the resolution.

Have you ever been convicted by a court of competent jurisdiction, pled “No Contest” to any fraud, felony, or misdemeanor that would reflect negatively on your honesty, truthfulness, respect for the law, or integrity?

No

Yes. If yes, please attach a complete explanation.

I hereby certify, under oath, that I agree to uphold the Bylaws and to abide by the NAIFA Code of Ethics and Professional Standards of the National Association of Independent Fee Appraisers (NAIFA). I have answered all questions truthfully and to the best of my ability.

By signing and dating this application I agree that all of the information contained in this application is true and correct to the best of my knowledge. Additionally, by signing, I and NAIFA consent to receive all communications sent by or on behalf of NAIFA and local NAIFA chapters, whether by fax, email, direct mail, or telephone.

Signature of Applicant

Date Signed

All applications are subject to review and approval by NAIFA. NAIFA reserves the right to deny membership at its sole discretion.

Please return this form to: info@naifa.com or
NAIFA
330 N Wabash Ave Suite 2000
Chicago, IL 60611