

## MEMBERSHIP APPLICATION

### APPLICANT'S INFORMATION (applicant to fill out).

NEWiRE welcomes new qualified members at any time. A candidate for membership must:

- Have a minimum of three years of experience in commercial real estate.
- Attend two NEWiRE luncheon programs within the past two years.
- Be sponsored by two current NEWiRE members, at least one of whom shall complete the Recommendation Form (via email or otherwise), as outlined on page 3 of this application, and submit said Form to NEWiRE. None of the sponsors shall work in the same organization or any affiliate thereof in any capacity subordinate to that of the applicant.
- Complete the application form (including the Applicant's Statement as outlined on page 2 of this application) and attach a resume or bio.

NEWiRE's annual dues cover the costs of luncheons programs, administration and membership dues to CREW Network.

For more information, contact the NEWiRE office at (617) 247-2346 or visit us at [www.NEWiRE.org](http://www.NEWiRE.org).

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Please fill in exactly as you would like to be listed in the Directory.)*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*(Will not appear in Directory)*

Field of Specialization: (Please select one (1) primary area of expertise for indexing. You may select one (1) additional specialty to be included with your profile listing.)

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> ACCOUNTING           | <input type="checkbox"/> CONSULTING            | <input type="checkbox"/> LEASING             | <input type="checkbox"/> PUBLIC/NON-PROFIT |
| <input type="checkbox"/> ACQUISITIONS         | <input type="checkbox"/> CONSTRUCTION          | <input type="checkbox"/> MARKETING           | <input type="checkbox"/> SALES             |
| <input type="checkbox"/> ADVERTISING          | <input type="checkbox"/> CORPORATE REAL ESTATE | <input type="checkbox"/> MARKET RESEARCH     | <input type="checkbox"/> SYNDICATION       |
| <input type="checkbox"/> APPRAISAL            | <input type="checkbox"/> DEVELOPMENT           | <input type="checkbox"/> MORTGAGE BROKERAGE  | <input type="checkbox"/> TITLE/ESCROW      |
| <input type="checkbox"/> ARCHITECTURE         | <input type="checkbox"/> EDUCATION             | <input type="checkbox"/> PERSONNEL           | <input type="checkbox"/> TRANSPORTATION    |
| <input type="checkbox"/> ASSET MANAGEMENT     | <input type="checkbox"/> ENGINEERING           | <input type="checkbox"/> PROPERTY MANAGEMENT | <input type="checkbox"/> URBAN PLANNING    |
| <input type="checkbox"/> COMMERCIAL BROKERAGE | <input type="checkbox"/> LAW                   | <input type="checkbox"/> PUBLIC RELATIONS    | <input type="checkbox"/> OTHER:            |

I have attended the following two NEWiRE luncheon programs:

1 \_\_\_\_\_ 2 \_\_\_\_\_  
*(date and topic) (date and topic)*

I have had \_\_\_\_\_ years of experience in commercial real estate.

Briefly describe your experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please have two current NEWiRE members sign this application as your sponsors. Please have at least one of the sponsors submit her information as requested on page 3 of this application.

1 \_\_\_\_\_ 2 \_\_\_\_\_  
*(sponsors signature) (sponsor's signature)*

\_\_\_\_\_  
*(print sponsor's name, title and organization) (print sponsor's name, title and organization)*

### Membership Dues

Dues are \$625 per year if paid by October 30th and \$675 if paid thereafter and \$337.50 if you become a new member after January 1st; members may opt to pay in two installments of \$337.50 due October 30th and January 1st.

APPLICANT'S STATEMENT (applicant to fill out).

Applicant's Name: \_\_\_\_\_  
(name, title and organization)

1. Why are you interested in joining NEWiRE?  
(Maximum of 1 paragraph)

2. What are your goals for individual professional advancement and the advancement of women generally in commercial real estate?  
(Maximum of 1 paragraph)

Applicant, please mail, email or fax pages one and two of this application to:  
NEWiRE, 229 Berkeley Street, Boston, MA 02116 • Email [laura@newire.org](mailto:laura@newire.org) • Fax (617) 267-7612  
Please provide sponsor(s) with page three and have at least one of them submit their comments directly to NEWiRE.

RECOMMENDATION FORM (NEWiRE Sponsor to fill out).

Applicant's Name:  
(name, title and organization)

Sponsor's Name:

Sponsor's Title:

Sponsor's Organization:

1. How do you know the applicant?  
(Maximum of 1 paragraph)

2. Why do you support this Applicant for membership in NEWiRE?  
(Maximum of 1 paragraph)

Recommendations shall be mailed, emailed or faxed directly to NEWiRE:  
NEWiRE, 229 Berkeley Street, Boston, MA 02116 • Email [laura@newire.org](mailto:laura@newire.org) • Fax (617) 267-7612  
If using email, no form is necessary.