

## **AARO** Membership Application

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

	Jurisdiction or Enti	ty Information		
Jurisdiction/Entity Name				
Website				
	Primary Contact			
	*Person Most Likely to be I		)*	
First Name		Last Name		
Email Address				
Street Address 1				
Street Address 2				
City		State	Zip	
Phone Number	Membershi	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				
	Attestat	ion		
If approved as a member, I Code of Conduct.	attest that I have read.	AARO's bylaws	and will abide by AAF	RO's
Signature		Da	ate	
~-0		120		
Please return the completed AARO PO Box 99483 Raleigh, NC 27624	application to:	*Category SML MED1	ASC Active Appraise Count as of January 0-100 101-500	Annual Dues \$150 \$350
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