



REIAC SOUTHEAST REGION - MEMBERSHIP APPLICATION

Please attach a current resume or bio, select payment option and mail the completed application to:
REIAC, PO Box 4461, Marietta, Georgia 30061

Name: _____ Date: _____

CURRENT EMPLOYMENT

Employer: _____

Job Title: _____

Work Address: _____

Telephone Number: _____

E-Mail Address: _____

Profession: _____ Years in Profession: _____

Job Responsibilities/Description: _____

BACKGROUND

Professional Organizations: _____

Professional Designations: _____

SPONSORSHIPS

Board Member: _____

Other REIAC Member: _____

PAYMENT OPTIONS

Amount: ☐ Annual dues = \$300

☐ 2026 & 27 dues (new Members) = \$450

Method: ☐ Check attached (payable to "REIAC")

☐ Contact me so I can pay by credit card

*The applicant hereby approves the use of his/her name and company name in REIAC advertising.
If you have any questions, please contact your sponsor or Alan Agadoni at (770-329-7685)*

REIAC Administrative Use Only

Application Received Date: _____ Type: _____

Board Decision: _____ Date: _____

Applicant Notified Date: _____ Payment Processed Date: _____