



TENNESSEE CHAPTER
INTERNATIONAL ASSOCIATION OF ASSESSING OFFICERS

ASSOCIATE MEMBERSHIP APPLICATION
(Non IAAO Member)

Name: _____

Title: _____

Jurisdiction/Firm: _____

E-mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Person Referring Applicant: _____

I hereby apply for membership in the Tennessee Chapter of the International Association of Assessing Officers. I agree to comply with the IAAO Code of Ethics and Standards of Professional Conduct. If accepted for membership, I will abide by the TIAAO Constitution and pay established dues.

Signature: _____ Date: _____

Please mail this application to:

TIAAO Membership
c/o David Diaz-Barriga
PO Box 196305
Nashville, TN 37219-6305