

ASSESSOR'S APPRENTICE INFORMATION SYSTEM USERS GROUP

APPLICATION FOR MEMBERSHIP

Name of County or Appraisal Contractor: _____

Name of Assessor or Principal of Appraisal Firm: _____

Mailing Address: _____

Office Phone: _____

Fax: _____

Primary Contact: _____

Cell Phone: _____

Email: _____

Other pertinent contact info: _____

I am applying for membership in the Assessor's Apprentice Information Systems User Group.
By signing below I acknowledge that I have received, read and understand the bylaws.

Assessor or Principal of Appraisal Firm:

Signature

Print Name