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CREW Maryland Suburban Membership Application

(Please print or type)

Name: _____ **Date:** _____

PROFESSIONAL DATA

Job title: _____
Current Employer: _____
Employer Address: _____

Phone: _____
Mobile: _____
Email: _____

How long with present employer? _____ Years _____ Months
Employment:
 Full Time
 Part-Time

How long in commercial real estate or related industry? _____ Years _____ Months
Employment:
 Full Time
 Part-Time

FIELD OF COMMERCIAL REAL ESTATE

Please check the box next to the category that is most appropriate to describe your profession. If more than one box is checked, please indicate what percentage of your time is spent in each category.

- | | |
|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Investor Relations |
| <input type="checkbox"/> Acquisitions | <input type="checkbox"/> Land Use Planning and Zoning |
| <input type="checkbox"/> Architecture/Engineering | <input type="checkbox"/> Law |
| <input type="checkbox"/> Asset Management | <input type="checkbox"/> Leasing Market Research |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Mortgage Banking/Brokerage |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Property Management |
| <input type="checkbox"/> Development | <input type="checkbox"/> Real Estate Law |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Research |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Sales/Brokerage |
| <input type="checkbox"/> Interior Design/Space Planning | <input type="checkbox"/> Syndication/Investment |
| <input type="checkbox"/> Institutional Lending | <input type="checkbox"/> Other: |

Job description/employment responsibilities:

Prior professional positions (include company names):

Licenses or professional certifications: (if Real Estate, please provide the type of jurisdiction)

1. _____
2. _____



DUAL and TRANSFER MEMBERSHIP*

If applicable, please list previous or current CREW chapter memberships and membership number(s).

Chapter: _____

Date of membership start: _____

Membership Number: _____

*Members transferring from a chapter due to relocation, and those seeking dual membership, must complete this section. Dual membership is available for members of the CREW Washington DC, CREW Northern Virginia, and CREW Baltimore.

PRIOR MEETINGS

List any CREW Maryland Suburban meeting(s) or event(s) you have attended. Prior attendance at a meeting is not a pre-requisite for membership. _____
(Description/Month/year)

COMMITTEE MEMBERSHIP

All members are required to join a committee and attend two committee meetings in the calendar year. If granted membership, which committees are you interested in joining? Please enter 1, 2, 3, 4, and 5 in order of interest next to the committee names below.

("1" means most interested; "5" means least interested).

- _____ Programs
- _____ Membership
- _____ Community Service
- _____ Communications
- _____ Sponsorship

PERSONAL DATA

Home Address: _____

Home phone: _____

Education (Institutions & Degrees): _____

Signature: _____

Print Name: _____

DUES

Annual Dues: \$360.00 (\$300.00 for government/nonprofit sector; \$260 for full-time students in real estate-related fields). Upon approval of application, an invoice for the dues will be issued by CREW Network. New members admitted after June 1 will be billed on a pro rata basis.

Transfers: Members transferring their membership to CREW Maryland Suburban will be billed according to the last chapter payment received.

Dual Member dues: \$150 with proof of payment of dues to applicant's primary chapter.

Please note that dues paid are not deductible as a charitable contribution for federal income tax purposes, but may be deductible as a business expense.

If you have any questions, please send an email to crewmdsuburban@gmail.com,
attn. Membership

Please return your completed application via email to:
Membership, crewmdsuburban@gmail.com



CREW Network Member Data Sheet

Prefix:	Name:	Tag: <i>(MAI, JD, etc.)</i>
Chapter:		Chapter Membership Classification:

Contact Information

Company Name:		Title:	
Business Address:			
City:		State/Province:	Postal Code:
Email:		Alternate Email:	
Work Phone:	Cell Phone:	License #: (optional)	

Demographic Information

What year did you begin working in the commercial real estate industry?

From the list below, please identify the field in which you have expertise that qualifies you for membership. If not listed below, you are likely an Affiliate member; please use the "Other" blank to indicate your area of expertise.
NOTE: up to ten searchable values for your personal specialty can be added from your CREWbiz profile online.

<input type="checkbox"/> Accounting	<input type="checkbox"/> Acquisitions / Dispositions	<input type="checkbox"/> Appraisal	<input type="checkbox"/> Architecture
<input type="checkbox"/> Asset Management	<input type="checkbox"/> Brokerage	<input type="checkbox"/> CRE Business Dev'tment <i>(100% CRE firm only)</i>	<input type="checkbox"/> Commercial Insurance
<input type="checkbox"/> Commercial Lending	<input type="checkbox"/> Construction Mgmt / General Contracting	<input type="checkbox"/> Consulting	<input type="checkbox"/> Corporate Real Estate
<input type="checkbox"/> Cost Segregation	<input type="checkbox"/> Economic Development	<input type="checkbox"/> Education	<input type="checkbox"/> Engineering
<input type="checkbox"/> Environmental	<input type="checkbox"/> CRE Executive	<input type="checkbox"/> Facility Management	<input type="checkbox"/> Finance
<input type="checkbox"/> CRE Human Resources	<input type="checkbox"/> Interior Design / Space Planning	<input type="checkbox"/> Investment Management	<input type="checkbox"/> Investor Relations
<input type="checkbox"/> Land Use Planning and Zoning	<input type="checkbox"/> Land Surveying	<input type="checkbox"/> Law	<input type="checkbox"/> Market Research
<input type="checkbox"/> Program Management / Project Management	<input type="checkbox"/> Property Management	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Quasi-Governmental Trans. & Port Authority
<input type="checkbox"/> Real Estate Development	<input type="checkbox"/> Relocation Services, Corporate	<input type="checkbox"/> Risk Management	<input type="checkbox"/> Title / Escrow
Other: _____			

Optional Information

Company Specialty / Industry Segment <i>(identify one from list above):</i>	What level are you in your current position <i>(select one)</i> : <input type="checkbox"/> C-Suite <input type="checkbox"/> SVP/VP/Partner <input type="checkbox"/> Senior Level <input type="checkbox"/> Self-Employed <input type="checkbox"/> Mid-Level/Assoc <input type="checkbox"/> Entry-Level	
Other Industry Affiliations:	<input type="checkbox"/> AI <input type="checkbox"/> BOMA <input type="checkbox"/> CCIM <input type="checkbox"/> CORENET <input type="checkbox"/> ICSC <input type="checkbox"/> IREM <input type="checkbox"/> NAIOP <input type="checkbox"/> SIOR <input type="checkbox"/> ULI Other: _____	
Gender:	Ethnicity:	Date of Birth:
Home Address: <i>(incl. city, st, zip)</i>		Home Phone: