



## **SIOR APPLICATION - REINSTATEMENT**

SIOR's Reinstatement application processing procedure, conducted pursuant to the terms of SIOR's Bylaws, seeks to ensure that Applicants are fully and fairly evaluated in terms of qualification criteria as stated in the SIOR Bylaws.

Former Designees or Associate members who wish to reinstate their memberships must complete this application within five (5) years of their cancellation date. In order to reinstate your membership with SIOR, you must have been a member in good standing for at least three (3) years.

Any outstanding dues and fees or other unfulfilled requirements relating to any previous membership in SIOR must be fulfilled prior to granting reinstatement.

---

The application process for Reinstatement of Membership is as follows:

- Review the requirements and conditions of Reinstated Membership described above.
- Complete the application legibly and entirely and attach all required supporting documentation. Incomplete and/or illegible applications will be returned unprocessed. Please keep a copy for your information and mail, fax, or email original documents with the non-refundable application fee (see last page of application for payment instructions) to:

**Christopher Collins**, Manager of Admissions  
Society of Industrial and Office REALTORS  
1201 New York Avenue NW, Suite 350  
Washington, DC 20005 USA  
Phone (+1) 202.449.8234 | Fax (+1) 202.216.9325  
Email: [ccollins@sior.com](mailto:ccollins@sior.com)



## **SIOR APPLICATION - REINSTATEMENT**

### **SECTION 1. APPLICANT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_

Nickname \_\_\_\_\_

### **SECTION 2. COMPANY INFORMATION**

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State / Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

### **SECTION 3. SIOR INFORMATION**

Please note, to qualify for Reinstatement, your cancellation date must be within five (5) years of the date that SIOR Headquarters receives this application.

Original SIOR Join Date \_\_\_\_\_ SIOR Cancellation Date \_\_\_\_\_

Please describe why you cancelled your membership and why you wish to reinstate it.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The above statements are true to the best of my knowledge. I declare that I meet the requirements for Reinstatement as set forth in SIOR's bylaws. I understand that I must pay any outstanding dues and fees or settle other unfulfilled requirements relating to my previous membership in SIOR before Reinstatement can be approved. I have enclosed a nonrefundable \$175 application fee, either by enclosing a check payable to SIOR or by providing credit card billing information so that my account can be charged for the application fee.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

The attached \$175 payment is for the SIOR Application fee.

Visa  MasterCard  American Express  Check

Cardholder \_\_\_\_\_ Card Number \_\_\_\_\_

CSV Code \_\_\_\_\_ Expiration Date \_\_\_\_\_