



**APPLICATION FOR MEMBERSHIP  
EXAMINATION RETAKE**

**INSTITUTE OF ASSESSING OFFICERS  
of the  
NEW YORK STATE ASSESSORS ASSOCIATION  
Incorporated by the Board of Regents,  
The University of the State of New York**

**Instructions:** The exam fee is waived if you are retaking the exam within two years of your initial test date. The fee does NOT include membership dues. Submit with this application proof of current work as an employee of a government unit in New York State. Use additional paper where required.

I, the undersigned, hereby apply for membership in the Institute of Assessing Officers:

I, the undersigned am applying to:

Retake Parts 1 and 2 \_\_\_\_\_ Retake Part 1 only \_\_\_\_\_ Retake Part 2 only \_\_\_\_\_ of the Exam

1. Name \_\_\_\_\_  
Last First Middle Initial

2. Address \_\_\_\_\_

3. Phone No. \_\_\_\_\_ 4. Email \_\_\_\_\_

5. Exact Government Title \_\_\_\_\_

Employing Agency \_\_\_\_\_

6. Present or previous membership in assessing and appraisal organizations

New York State Assessors Association (required): From \_\_\_\_\_ to \_\_\_\_\_

7. Assessor experience: Number of years \_\_\_\_\_ % of full time \_\_\_\_\_  
(Note: Full time for this purpose is defined as at least 35 hours per week.)

I certify that the above information is true and I declare that I understand the duties, responsibilities and obligations of a member of the Institute and that, if accepted into membership, I shall comply with the Constitution, Bylaws and Code of Ethics of the Institute of Assessing Officers.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Applicant's complete signature in ink

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Do not write below this line. You may supplement this application with additional sheets.

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	Date
Application Fee Received	_____
Application Accepted	_____
Application Denied	_____
Examination (first)	_____
Examination (second)	_____
Examination (third)	_____