



**APPLICATION FOR MEMBERSHIP**

**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:** Read Instructions for Candidates and the Constitution and Bylaws before completing application. Mail check in the amount of \$50.00 payable to NYSAA Executive Director, and mail to: NYSAA, 116 Salina St., Suite 8, Liverpool, NY 13088. **Note:** The fee does NOT include membership dues. Submit with this application proof of four years' experience in assessment work or related work as an employee of a governmental unit in New York State (actual admission requires five years' experience). Use additional paper where required.

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

I, the undersigned am applying to take:

Parts 1 and 2 \_\_\_\_\_ Retaking Part One Only \_\_\_\_\_ Retaking Part Two Only \_\_\_\_\_ of the Exam  
(Please check appropriate line.)

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

2. Address \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State Zip Code

3. Date of Birth \_\_\_\_\_  
Country

4. Phone No. ( ) \_\_\_\_\_ 5. E-mail Address: \_\_\_\_\_

6. Education (high school, college, university, seminars, etc.)

Name	Location	Years	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Registration or licenses (law, real estate, engineering, etc.) and date  
\_\_\_\_\_

8. Exact Government Title \_\_\_\_\_ Employing Agency \_\_\_\_\_

9. Professional Employment (assessing, equalization, real estate, engineering, etc.)

Employer	Title or Classification	From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Examinations passed for real property assessment

Agency	Title of Examination	Date

11. Other professional attainments (author, teacher, lecturer, etc. assessment related)

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12. Present or previous membership in assessing and appraisal organizations

New York State Assessors' Association (required): From \_\_\_\_\_ To \_\_\_\_\_  
 Other \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

13. Class: Assessor  Equalization  Tax Counsel

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

15. References (three persons familiar with personal and professional qualifications)

Name	Address	Zip Code

16. Give concise outline of major work performed (assessment related)

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17. 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 \_\_\_\_\_ Applicants' complete signature in ink

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

	Date
Application Fee Received	_____
Application Accepted	_____
Application Denied	_____
Examination (first)	_____
Completion of Required Course (after failure of first exam)	_____
Examination (second)	_____
Examination (third)	_____