

**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:** Mail exam fee in the amount of \$50.00 payable to NYSAA Executive director, and mail to 116 Salina St., Suite 8, Liverpool, NY 13088. **Note:** 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)	_____