

Society of Industrial and Office REALTORS®  
New England Chapter

## Application for Candidate Program

Please print or type all information. Attach additional pages if you need more space to answer any question. Illegible applications will be returned. Applications are available in Acrobat format only. (not available in Word format)

**1. Last Name (Surname):** \_\_\_\_\_ **First (Given) Name:** \_\_\_\_\_  
**Middle Name(s):** \_\_\_\_\_ **Suffix (Jr., III, etc.):** \_\_\_\_\_ **Nickname (if applicable):** \_\_\_\_\_

**2. Current Company:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**3. Current Employment (Title):** \_\_\_\_\_ **Month/Year Started:** \_\_\_\_\_  
**Duties and Responsibilities:** \_\_\_\_\_  
\_\_\_\_\_

**4. Past Employment:**  
Real Estate Experience – List companies and employment dates if with current employer for less than 5 years.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Real Estate Licensing:** – All applicants must hold a valid real estate license.  
**Salesperson License:** \_\_\_\_\_ **Date Acquired:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Number:** \_\_\_\_\_  
**Broker License (if applicable):** \_\_\_\_\_ **Date Acquired:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Number:** \_\_\_\_\_  
**Other License(s):** \_\_\_\_\_ **Date Acquired:** \_\_\_\_\_ **State:** \_\_\_\_\_

**6. Sponsors** – At least one sponsor must be from outside the Applicant’s firm. Both sponsors must have business residences within the chapter having jurisdiction over the Applicant’s business residence. Each sponsor must sign form.

**A. SPONSOR**

I am an Active member of the Society of Industrial and Office REALTORS® and hereby recommend the above-named applicant for the Candidate Program. I agree to promote the training of the applicant in reaching the highest professional and ethical standards in performing industrial and office brokerage activities, to encourage the applicant to pursue the SIOR designation, and to monitor the applicant’s credentials and assume responsibility for the applicant’s SIOR related conduct as a part of the Candidate Program.

Active Member Name (print): \_\_\_\_\_

Company: \_\_\_\_\_ City/State: \_\_\_\_\_

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**B. SPONSOR**

I am an Active member of the Society of Industrial and Office REALTORS® and hereby recommend the above-named applicant for the Candidate Program. I agree to promote the training of the applicant in reaching the highest professional and ethical standards in performing industrial and office brokerage activities, to encourage the applicant to pursue the SIOR designation, and to monitor the applicant’s credentials and assume responsibility for the applicant’s SIOR related conduct as a part of the Candidate Program.

Active Member Name (print): \_\_\_\_\_

Company: \_\_\_\_\_ City/State: \_\_\_\_\_

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**7. Fee Payment** – Once accepted into the Candidate Program, Applicant is responsible for payment of the Chapter Dues which are currently at \$150.00 per year, but fees are subject to change.

**8. Certifications** – Check the box next to each statement to affirm that you have or will take the stated action. In conjunction with your application for membership in SIOR and provide any requested information.

- I agree. I affirm that the information included in this application is true to the best of my knowledge.
- I agree. I have received the Society’s Bylaws & Code of Ethical Principles and Standards of Professional Practice and will uphold them and all official SIOR regulations if approved for the Candidate Program in the SIOR.

- I agree. I irrevocably waive any claim or right of action at law or in equity which might arise hereafter against SIOR, its staff, officers, committee members, or other officials, either as a group or as an individual, for an official act in connection with the business of SIOR and, in particular, those acts concerning my admission to the Candidate Program or failure to advance, or in disciplining me as a part of the Candidate Program.
- I agree. If admitted to the Candidate Program in SIOR, I will pay my chapter dues in full when invoiced or suffer possible expulsion from the Chapter.

**9. Applicant Signature** (required): \_\_\_\_\_ Date: \_\_\_\_\_

Send completed application to:

**Robert Cleary**  
Equis Corporation  
101 Federal Street, Ste 550  
Boston, MA 02110-1986  
[robert.cleary@ugl-equis.com](mailto:robert.cleary@ugl-equis.com)