

# Oklahoma Chapter CCIM Membership Application



## APPLICANT INFORMATION

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

Email: \_\_\_\_\_ Web Site: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I am currently a :  CCIM Designee  CCIM Candidate  Other

## PAYMENT INFORMATION

Please accept my check for \$95 payable and mailed to Oklahoma CCIM Chapter.

Please accept my online payment. (<http://www.okccim.com/2011.html>)

Please charge my credit card. (complete information below)

Visa

Mastercard

American Express

Account number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

\* Membership will be considered complete once this form and payment are received.

## MAIL YOUR APPLICATION AND CHECK FOR DUES TO:

Allison Murray, Administrator, Oklahoma CCIM Chapter

P.O. Box 14343, Tulsa, OK 74159-1343

Phone: 918.277.6526 Email: [admin@okccim.com](mailto:admin@okccim.com)