



**TENNESSEE CHAPTER**  
INTERNATIONAL ASSOCIATION OF ASSESSING OFFICERS

**ASSOCIATE MEMBERSHIP APPLICATION**  
(Non IAAO Member)

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

Title: \_\_\_\_\_

Jurisdiction/Firm: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person Referring Applicant: \_\_\_\_\_

I hereby apply for membership in the Tennessee Chapter of the International Association of Assessing Officers. I agree to comply with the IAAO Code of Ethics and Standards of Professional Conduct. If accepted for membership, I will abide by the TIAAO Constitution and pay established dues.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this application along with a check payable to **TIAAO** for forty-five dollars (\$45.00) to:

Bryan Kinsey  
Secretary / Treasurer TIAAO  
225 Martin Luther King Dr.  
Lowell Thomas State Office Bldg.  
Tower A, Suite 400  
Jackson, TN 38301