



## CCIM Member Profile Information

Please print and fill out form. When finished, scan and send to [CCIM@commercialmls.com](mailto:CCIM@commercialmls.com)

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

Photo: Please send your photo/headshot to [CCIM@commercialmls.com](mailto:CCIM@commercialmls.com)

Website: \_\_\_\_\_

**Primary Market Areas: (check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Western Washington | <input type="checkbox"/> Puget Sound                         |
| <input type="checkbox"/> Central Washington | <input type="checkbox"/> Eastern Washington & Northern Idaho |

**Industry: (check all that apply)**

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Brokerage   | <input type="checkbox"/> Development         |
| <input type="checkbox"/> Investments | <input type="checkbox"/> Property Management |

**Property Type: (check all that apply)**

- |                                       |                                     |
|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Office       | <input type="checkbox"/> Retail     |
| <input type="checkbox"/> Multi-Family | <input type="checkbox"/> Industrial |

**Other Industries: (check all that apply)**

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Appraiser        | <input type="checkbox"/> Title |
| <input type="checkbox"/> Mortgage/Lending | Other _____                    |

Additional Expertise/Specialization Information: \_\_\_\_\_

Credentials/Education: \_\_\_\_\_