



## MEMBERSHIP REINSTATEMENT FORM

Mr.  Mrs.  Ms.  Miss

Name: \_\_\_\_\_ Broker Code: \_\_\_\_\_

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

Company Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Company Fax: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Direct Line: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Voice Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Website Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Unique ID Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Foreign Language (s) that I speak \_\_\_\_\_

Please check class of membership reinstating to:

REALTOR-ASSOCIATE®     Non Resident REALTOR-ASSOCIATE®     REALTOR®

Designated REALTOR®     Public Service     Institutional

I am enclosing my check in the amount of \$ \_\_\_\_\_ which includes a reinstatement fee of:

\_\_\_\_\_ \$50.00 for a one year lapse in Membership

\_\_\_\_\_ \$75.00 for a two year lapse in Membership

DESIGNATED REALTOR'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**\*THERE ARE NO REFUNDS OF DUES OR FEES\***

The Voice For Real Estate

