



Membership Application / Transfer



TITLE:	NEW	TRANSFER	REINSTATE
BROKER OF RECORD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BROKER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SALESPERSON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I, REGISTERED RECO NAME hereby make application with the REALTORS® Association of Hamilton-Burlington (RAHB) as a licensed REALTOR® with the following:

Real Broker Ontario Ltd.	
BROKERAGE NAME	
STREET ADDRESS INCLUDING UNIT #, CITY, PROVINCE, POSTAL CODE	
888-311-1172	OFFICE TRANSFERRING FROM (if applicable)
BROKERAGE TELEPHONE NUMBER	
DATE LICENSE ISSUED WITH PRESENT BROKER	DATE LICENSE EXPIRES (mm/dd/yy)
RECO REGISTRATION NUMBER	

I will be acting as branch manager of the office indicated above. YES NO

In the last 6 months I was a member of a Real Estate Board / Association(s): YES NO

If yes, provide the name(s) of the Board/Association(s) _____

I am currently a Member of another Board / Association(s) YES NO

If yes, provide the name(s) of the Board/Association(s) _____

If yes, I will be terminating my membership with my Board / Association(s) YES NO

RAHB will be my Primary Association collecting OREA / CREA Dues YES NO

I CERTIFY THAT:

- A. I am registered with RECO as a licensed REALTOR®.
- B. I am employed by a RAHB Member Brokerage.
- C. I agree to pay RAHB fees by the due date stipulated. Failure to do so may result in my membership being suspended / terminated. I understand if terminated, I am still liable for fees owing which may result in my account being forwarded to collections.
- D. I will personally attend the New Member Orientation Program(s) as set out by RAHB within 3 months of joining. Failure to comply may result in termination of my membership as in accordance with RAHB Bylaw.

- E. I agree to adopt and abide by the Bylaw, Rules & Regulations, MLS® Policies or any other policies approved by the Board of Directors of RAHB, and the CREA REALTOR® Code and Standards of Business Practice. I acknowledge any breach may result in fines and/or suspension.
- F. In consideration of the benefits of membership, I hereby release and discharge the Association and its directors, officers, servants, agents and employees from all actions, claims and demands of any kind which against them I now or may hereafter have, arising out of any act or omission by them in respect to the considered acceptance or rejection of this application, and in the event this application is accepted, in respect to the exercise of any power or the performance of any duty in accordance with the Bylaw or the Rules and Regulations of RAHB.

(*Former members reinstating after a 2-year period will be required to complete the New Member Orientation Program(s)).

I understand in order for my membership to continue, I must remain qualified in accordance with (A) to (F) above.

INITIALS

I shall comply with all legal obligations to RAHB, whether financial, contractual, judicial orders or judgements, arbitration or disciplinary awards or orders, or otherwise, or if I am unable to so certify, outline the reasons for non-compliance.

INITIALS

I acknowledge and agree that the submission of this membership application constitutes my consent to the collection, use and disclosure by RAHB of the information submitted in this membership application and any other personal information about me collected by RAHB during the course of my membership. I give RAHB permission to take or use my photograph in print, video or other media for the purpose of documenting and promoting RAHB or its event/activities.

INITIALS

I understand that the collection, use and limited disclosure of any personal information will only be for the purposes of fulfilling RAHB's mandate, including the provision of services, products and information to me by the Association, or any organization authorized by RAHB, and only in a manner consistent with the **Association's Privacy Policy**.

INITIALS

PERSONAL INFORMATION *(Please complete in full)*

DATE OF BIRTH (MM/DD/YY)	GENDER IDENTITY OPTIONS	
EMAIL	CELL NUMBER	
STREET ADDRESS INCLUDING UNIT #, CITY, PROVINCE, POSTAL CODE		

You may update your contact information by accessing the Member Portal icon on your RAHB Dashboard.

<https://my.rahb.ca>

PAYMENT TERMS

Upon Submission of your application, an electronic invoice will be sent to EMAIL ADDRESS for remittance of applicable membership fees. Once payment has been received, your membership will be activated during RAHB business hours.

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NEW MEMBER ONLY

VIEW MEMBERSHIP FEES

- You will receive an introduction email providing you with your Unique User Id and a temporary password for completion of your enrollment with the RAHB MLS® System. The access codes are for your sole and exclusive use and may not be shared with or used by any other individual.
- If you terminate your membership within 45 calendar days from the date of joining, **the RAHB entrance fee only** will be refunded.

APPLICANT SIGNATURE

Lori Ann West

DATE
MM/DD/YYYY

BROKER OF RECORD/MANAGER SIGNATURE

DATE
MM/DD/YYYY

As **Broker of Record/Manager** I hereby grant permission for the above applicant to Broker Load Listings.

LAW

INITIALS

This application must be submitted to the RAHB Membership Department within thirty (30) calendar days from the date the license was issued with RECO. Late submissions may result in fines to the Brokerage.

***Please submit completed application to
membership@rahb.ca***

RAHB HST# R103653838

OREA HST# R104001714

CREA HST# R105201339

RAHB OFFICE USE ONLY:

UNIQUE USER ID:	FIRM CODE:	CREA ID:
HOME BOARD:	DATE: (MM/DD/YY)	