



**BROKERAGE MEMBER APPLICATION TO THE  
MEDICINE HAT REAL ESTATE BOARD CO-OPERATIVE LIMITED,  
ALBERTA REAL ESTATE ASSOCIATION, AND  
CANADIAN REAL ESTATE ASSOCIATION**

DATE OF APPLICATION: \_\_\_\_\_

BROKERAGE NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

WEBSITE ADDRESS: \_\_\_\_\_

SHAREHOLDERS OF COMPANY: \_\_\_\_\_

OTHER OFFICE LOCATIONS: \_\_\_\_\_

NAME OF BROKER OF RECORD: \_\_\_\_\_

Enclosed is **\$1260.00** for Brokerage Membership Dues \$210.00 (\$20.00 + \$10.00 GST) and \$1,050.00 (\$1,000.00 + \$50.00 GST) for the Entry Fee

**CHEQUE ENCLOSED** \_\_\_\_\_

\_\_\_\_\_  
Broker Signature

*(This portion for office use only)*

RECEIPT # \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

CHECKED BY: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_