

Brokerage/Branch Office Membership Application

BROKERAGE INFORMATION

BROKERAGE NAME

Brokerage RECO Registration #

RECO Trade Name

FULL ADDRESS INCLUDING UNIT #, CITY, PROVINCE, POSTAL CODE

BROKERAGE TELEPHONE NUMBER

BROKERAGE EMAIL

Is this a branch office? **YES** **NO**

Does this office belong to another Board/Association(s)? **YES** **NO**

If yes name the Board/Association(s) _____

BROKER OF RECORD INFORMATION

BROKER OF RECORD REGISTERED RECO NAME

BROKER OF RECORD RECO LICENSE NUMBER

EXPIRY DATE

I am the **Principal Broker of Record/Branch Manager** of _____ and I hereby
BROKERAGE NAME

confirm the accuracy of the information provided within this document.

INITIALS

I am currently a member with another Association/Board(s): **YES** **NO**

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

Others with authority to sign for Brokerage:

_____ will be acting as branch manager: **YES** **NO**
NAME OF ADDITIONAL SIGNING AUTHORITY (1)

NAME OF ADDITIONAL SIGNING AUTHORITY (1)

- I agree to adopt and abide by the Bylaw, Rules and Regulations, MLS® Policies or any other policies approved by the Board of Directors and CREA REALTOR® Code and Standard of Business Practice. I acknowledge any breach may result in fines and/or suspension/termination of my membership.
- In consideration of the benefits of membership, I hereby release and discharge RAHB 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.
- I understand that my termination or suspension of my membership will result in termination/or suspension as such for the brokerage.
- As Broker of Record or Branch Manager I will be fiscally responsible for any fees or fines incurred by the brokerage in addition to my own membership fees.
- I shall comply with all legal obligations to RAHB, whether financial, contractual, judicial orders or judgments, arbitration or disciplinary awards or orders, or otherwise, or if I am unable to so certify, outline the reasons for non-compliance.
- I agree to attend the Broker Orientation training within 3 months of my becoming registered with RAHB as Broker of Record or Branch Manager.

BROKER OF RECORD/BRANCH MANAGER SIGNATURE

DATE
MM/DD/YY

By signing above, I agree to all terms and conditions herein.

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.

NEW ONLY Once payment has been received, and your application has been processed, RAHB will send you an introduction email providing you with your Unique User ID and a temporary password to access the Member Portal. You will also receive an email from Clarity Security providing you with a separate temporary password. You must use both your Unique User ID and the temporary password you received from Clarity for the completion of enrollment with the RAHB MLS® System.

A copy of my/our Broker's Certificate of Registration and RECO Registration for Brokerage is attached.

Please submit completed application to membership@rahb.ca

RAHB HST# R103653838

OREA HST# R104001714

CREA HST# R105201339

RAHB OFFICE USE ONLY:

BROKERAGE CODE:		CREA ID:
HOME BOARD:	DATE: (MM/DD/YY)	