

Membership Application/Transfer Form



| | | | | | | |
|------------------|--------------------------|--------------------------|--------------------------|-------------------|--------------------------|--------------------------|
| TITLE: | NEW | TRANSFER | REINSTATE | BROKERAGE: | NEW | NAME CHANGE |
| BROKER OF RECORD | <input type="checkbox"/> | | | CORPORATION | <input type="checkbox"/> | <input type="checkbox"/> |
| BROKER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | SOLE PROPRIETOR | <input type="checkbox"/> | <input type="checkbox"/> |
| SALESPERSON | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | BRANCH | <input type="checkbox"/> | <input type="checkbox"/> |

I, _____ PRINT NAME hereby make application for MEMBERSHIP/
MEMBERSHIP TRANSFER with the REALTORS[®] Association of Hamilton-Burlington (RAHB) as a BROKER OF RECORD, BROKER,
or SALESPERSON, being licensed with the following Brokerage:

| | | | | |
|--|--|---------------------------------|----------|-------------|
| Office | | | | |
| Address | | City | Province | Postal Code |
| Business telephone | Office transferring from (if applicable) | | | |
| Address | | City | Province | Postal Code |
| Date license issued with present broker (mm/dd/yy) | | Date license expires (mm/dd/yy) | | |
| RECO registration number (attach copy) | | | | |

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 Association(s): YES NO

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

I am currently a Member of another Real Estate Association(s) YES NO

If yes, provide your home association _____

- 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.

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| FOR OFFICE USE | | |
|----------------|-------------|---------|
| Board ID | Broker Code | CREA ID |

- 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.

I CERTIFY THAT:

- a) I am a licensed real estate Broker/Salesperson as registered with RECO.
- b) I will personally be liable for any monies I owe to the Association
- c) I will attend the Member Orientation Program set by RAHB (*new member only, to attend within 3 month*). Notice to the Board of Directors may be given for members who fail to complete the mandatory training, which can result in termination of membership.

I further understand that in order for my membership to continue, I must remain qualified in accordance with (a) to (c) above.

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 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 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, a copy of which has been made available to me.

Membership applications MUST be submitted to the RAHB Membership Department within thirty (30) days from the date issued on the license. Late submissions may result in fines to the Brokerage.

Subject to applicable laws and with specific exceptions to protect the privacy of third parties, I understand that I may access my personal information held by RAHB and may submit comments on, or corrections to, such information for inclusion with my personal information. I will inform RAHB of any changes to my personal information.

| PERSONAL INFORMATION <i>(Please complete in full)</i> | | | | | |
|---|-------------|--------|-------------------|----------|-------------|
| Date of Birth (mm/dd/yy) | Male | Female | E-mail: | | |
| Home Address | | | City | Province | Postal Code |
| Cell Number | Home Number | | *Appear in Roster | YES | NO |
| Photo Release: 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 events/activities. | | | | | |

COMPUTER PASSWORD – MANDATORY *(Personal and Confidential)*

Please provide your **temporary “PERSONAL PASSWORD”** in the boxes (minimum of 8 and maximum of 12). You will enter your final password upon completion of the enrollment. This **password** with the **User ID** will form your **access codes**.

| | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

The access codes are for your sole and exclusive use and may not be shared with or used by any other individual.

I understand that Clarity Security has effective automated methods for tracking and identifying any discrepancies as well as an automated remediation process.

Once your application has been processed, you will receive a Welcome e-mail providing you with your User ID and steps outlining how to complete your enrollment with RAHB MLS® system.

QUICK VIEW MEMBERSHIP FEES

| | | |
|--|--|--|
| Brokerage Entrance Fee \$3,000 ⁰⁰ | New Member Entrance Fee \$1,000 ⁰⁰ Re-Entry Fee \$500 ⁰⁰ (after 1 year) | Membership Dues \$125/Calendar Quarter |
| OREA \$28.75/Quarter | CREA \$77.50/Quarter | Processing Fee \$50 ⁰⁰ |
| <i>All fees and dues are subject to HST.</i> | | |

Attached to this application is my payment in the amount of \$ _____ which covers, as applicable the entrance fee; dues for the REALTORS® Association of Hamilton-Burlington (RAHB), the Canadian Real Estate Association (CREA) and the Ontario Real Estate Association (OREA); or the processing fee, plus HST.

I understand that should my membership be terminated for any reason within 45 days from the date the application is received by the Association, the **RAHB entrance fee only** will be refunded provided written evidence is submitted with respect to my severance.

I further understand that my membership with RAHB shall cease when I am no longer employed by the above named Brokerage. Upon reapplication for Association membership, a further fee may be applicable.

PAYMENT

| | | | | |
|------------------------------------|------|------|-----------------|---------------------|
| Cheque | Cash | VISA | MASTERCARD | Name on card |
| Card Number | | | | Expiry date (mm/yy) |
| Authorized Signature | | | Date (mm/dd/yy) | |
| Applicant's Signature | | | Date (mm/dd/yy) | |
| Broker of Record/Manager Signature | | | Date (mm/dd/yy) | |

FOR BROKER OF RECORD APPLICATION ONLY

| | |
|---|---|
| I maintain a trust account at | |
| I was first licenced to sell real estate on (mmdyy) | with |
| I have been a real estate broker since (mmdyy) | I employ (insert number) licenced registrants |

***Completed Applications may be submitted electronically to membership@rahb.ca,
by fax to 905.529.4349 or in person at the Association.***

Association GST# R103653838 RT

OREA GST# R104001714

CREA GST# R105201339

Empowering REALTORS® to Succeed