

# **Membership Application Form**

TITLE:	<u>new</u> <u>trans</u>	FER BRO	KERAGE: <u>NEV</u>	V NAME CHANGE
BROKER OF RECORD:		COR	PORATION	
BROKER:		SOL	E PROPRIETOR 🔲	
SALESPERSON:		BRA	NCH	
1		horoby ma	ke application for MEMBERSH	ID/MAEMAREDSHID TRANSSEED
with the REALTORS® Association of the Brokerage of/or Associate Mer		AHB) as a BROKER OF F	RECORD, BROKER, or SALESP	ERSON, being licensed with
Office:				
Address:		City:	Province:	Postal code:
Business telephone#	··			
Office transferring from:				
Address:			Province:	Postal code:
I will be acting as branch manager	r of the office indicated	above. YES	NO	
If this is dual membership, please I	list home board/associa	tion:		
Personal Information	1:			
Date of birth: / /	Email:			
Date of birth://				
(Home address and telephone num	nber)			
Address:			Province:	
*Tel.:	·	*Pager#:	_ · <del>-</del>	
*Appear in Roster YES	NO			
Attached to this application is the dues for the REALTORS® Association (OREA), or the transfer	ciation of Hamilton-Burl	ington (RAHB), the Cana	dian Real Estate Association (	
I understand that should my mem received by the association, in whi				

to my severance.

I further understand that my membership with the RAHB shall lapse when I cease to be employed by the above named Brokerage. Upon reapplication for association membership a further ENTRANCE FEE shall be applicable should membership lapse for a period longer than

New membership applications MUST be submitted to the association office within thirty (30) days from the date on the license. Transfers and status change must be submitted within fifteen (15) days of the change. Late submissions will result in fines to the Broker of Record.

- 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 or suspension from time
- 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:

- I am a licensed real estate Broker/Salesperson OR qualify as an Associate Member under RAHB Bylaw
- I will personally be liable for any monies owed by myself to the association b)
- I will attend the following:
  - New Member Orientation Program set by the RAHB
  - **Computer Training Level 1**

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

The applicant for membership certifies that he/she is complying with all legal obligations be they financial, contractual, judicial orders or judgments, arbitration or disciplinary awards or orders, or otherwise, or if 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 the RAHB's mandate, including the provision of services, products and information to me by the association, or any organization authorized by the RAHB, and only in a manner consistent with the association's Privacy Policy, a copy of which has been provided or otherwise made available to me.

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.

## **COMPUTER PASSWORD - MANDATORY**

#### (PERSONAL AND CONFIDENTIAL)

### "SIGN ON" MEMBER IDENTIFICATION

**Education/Account History**.

All members have an identification code which is usually made up of the first five (5) letters of their surname, followed by the first two (2) letters of their given name. All members must use their identification code and a SAFEMLS Authenticator to "SIGN ON" to the association computer system.

The Personal Password consisting of a MINIMUM six (6) characters, is used for REALTOR Link®, GeoWarehouse and

Please provide your "PERSONAL PASSWORD" in the boxes. This password is for your own use and must NOT be used by ANY OTHER person. Members will be subject to penalties for non-compliance of the Bylaw. To log in go to: http://link.mlxchange.com/ and enter your Name Code and Authenticator password and Pin number. You will be notified to pick-up your Authenticator after your application has been processed. FOR BROKER OF RECORD APPLICATION ONLY I maintain a trust account at: I was first licensed to sell real estate on \_\_\_\_/\_\_\_ with: I have been a real estate broker since \_\_\_/\_\_ mm dd licensed registrants (insert number) I certify that: I am in a position to meet my financial obligations to other association members and to the public Is there any person or corporation whose name is not disclosed on the declaration of shareholdings submitted with and forming part of this application, who has any financial interest in the applicant or otherwise exercise control over the applicant? If YES, please provide details: I have provided all information truthfully on this entire application form, and if accepted into membership, I agree to conform to all the requirements and obligations of the REALTORS® Association of Hamilton-Burlington. I hereby consent to the verification of any or all of the information given. Date license issued with present broker: \_\_\_/\_\_/\_\_mm \_ dd \_\_yy **License Registration**# (attach copy): Applicant's Signature: Broker of Record/Manager Signature: MASTER CARD VISA Name on card: Card#: Expiry date: \_\_\_ (Last 3 digits on signature line) **Authorized Signature:** 

Association GST# R103653838 RT

OREA GST# R104001714

CREA GST# R105201339

## **Empowering REALTORS® to Succeed**