



Real Estate Brokers of Baltimore, Inc.

Membership Application

Application Information

Name:		
Company/Organization:		
Mailing Address:		
City:	State: Zip:	
Office Phone:	Home Phone: Cell Phone:	
E-Mail:	Internet Site: Fax:	
Misc. Info.:		
Please Check the Applicable Boxes		
State License(s): <input type="checkbox"/> DC <input type="checkbox"/> MD <input type="checkbox"/> VA <input type="checkbox"/> PA <input type="checkbox"/> DE		
Primary Market Area (s): <input type="checkbox"/> DC <input type="checkbox"/> MC <input type="checkbox"/> PGC <input type="checkbox"/> AC <input type="checkbox"/> FC <input type="checkbox"/> Other :		
Designations: <input type="checkbox"/> GRI <input type="checkbox"/> CRS <input type="checkbox"/> CBR <input type="checkbox"/> Other :		
Your Field: <input type="checkbox"/> Appraisals <input type="checkbox"/> Architecture <input type="checkbox"/> Auctions <input type="checkbox"/> Building Trades <input type="checkbox"/> Foreclosures <input type="checkbox"/> Home Inspections <input type="checkbox"/> Mortgage Finance <input type="checkbox"/> Pest Control <input type="checkbox"/> Property Management <input type="checkbox"/> Sales/Rentals <input type="checkbox"/> Settlement Services <input type="checkbox"/> Other:		
Member Status: <input type="checkbox"/> New <input type="checkbox"/> Current <input type="checkbox"/> Previous <input type="checkbox"/> In Search Of Real Estate Board		
Committees Interested In Joining: <input type="checkbox"/> Education <input type="checkbox"/> Marketing <input type="checkbox"/> New Members <input type="checkbox"/> Other:		
Sponsor(s):		
Total Dues & Payment Options		
. <i>Dues are due every January. Late fee 10.00 after March ,10.2010</i>		
Dues Category: <input type="checkbox"/> Broker-\$180 <input type="checkbox"/> Affiliate-\$155 <input type="checkbox"/> Agent/Sales Associate-\$95		
Total Amount Due = \$		
Please check your method of payment: <input type="checkbox"/> Check/Money Order <input type="checkbox"/> Debit Card <input type="checkbox"/> MC <input type="checkbox"/> Visa		
Card #:	Exp. Date:	
I authorize REBB to process the above checked credit card for the amount shown as "Total Amount Due"		
Signature of Applicant:	Date:	
For Office Use Only		
Membership Class:	Year:	Date Processed:
REBB:	Processed By:	

Please mail/submit form to REBB, 3307 Liberty Heights Avenue, Baltimore, Maryland 21215

For further information, call (410) 664-7405 Fax (410) 664-0315

www.MDRealtist.com

WE THANK YOU FOR YOUR INVOLVEMENT, COMMITMENT AND MEMBERSHIP!

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