

Agent/Broker Membership Application

ABOUT YOU (please print)

Name _____ Title _____

Company _____

Address _____ City _____ State _____ Zip+4 _____

Office Phone _____ Cell Phone _____ Fax _____

E-mail _____ Web Site _____

Number of years in the default servicing/mortgage industry _____ Number of years in above position _____

Please list other professional associations/affiliations to which you belong. _____

Real Estate License # _____

Do you /have you had any complaints filed against you? Y / N (Please circle) _____ If so, please attach the judgment (outcome) _____

What are your primary job duties, functions and responsibilities? _____

Have you attended any REOMAC Dinner Meetings? Yes No If yes, Dates attended _____

Have you attended any REOMAC Conferences? Yes No If yes, Dates attended _____

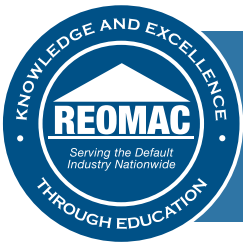
Have you served on any REOMAC Committees or volunteered? Yes No If yes, State committee &/or function and duties _____

How many REOs have you handled in the last 12 month? _____

Continue Application on Next Page

Mail or Fax completed application and checklist items to:

REOMAC® • 2520 Venture Oaks Way, Suite 150 • Sacramento, CA 95833 • 916.239.4090 • 916.924.7323 – Fax



Agent/Broker Membership Application

How many BPOs have you completed in the last 12 months?

What is your short sale experience? Please explain.

Why do you wish to join REOMAC?

I hereby make application as an agent/broker for the **Association of Real Estate Managers, Inc. (REOMAC®)** and, if accepted, agree to abide by its bylaws and code of ethics, support its objectives and interests and to pay such dues as established.

Signature _____ Date: _____

AGENT/BROKER MEMBERSHIP

Agent/Broker is an individual who is employed as real estate broker or sales person whose primary job responsibility is the marketing or management of REO property.

- This Completed Application
- Dues (\$375)
- Business Card
- 3 Completed Regular Member Applications (submitted separately)*

*Your three regular member applicants will be contacted as your references for membership with REOMAC.

CREDIT CARD INFORMATION

- Visa MasterCard American Express

Card Number _____ 3-5 Digit Security Code _____ Expiration Date _____

Name on Card _____

Billing Address _____ City _____ State _____ Zip+4 _____

Signature _____

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FOR OFFICE USE ONLY

Ratified

Date: _____

(Rev. 03/11)