



Affiliate Member Application for REOMAC® Membership

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

Referred by _____

ABOUT YOU (please print)

Name

Title

Company

Address

City

State

Zip+4

Telephone

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 to which you belong, affiliations, references, etc. You may attach a separate page.

Direct Supervisors Name

Supervisors Telephone Number

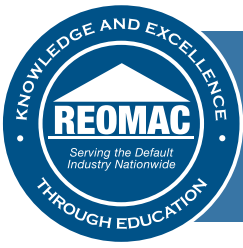
List Clients You Service

What are your primary job duties, functions and responsibilities

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



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ABOUT YOU (please print) (Con't)

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 _____

Why do you wish to join REOMAC _____

AFFILIATE MEMBER

Affiliate Member is an individual who is primarily involved in fields which complement Default Servicing including but not limited to the workout, loss mitigation, appraisal, valuation, property preservation, auctioneers, law practice, collection, escrow, title, bankruptcy, foreclosure and REO management and disposition efforts for Regular Members. An affiliate member is not a Real Estate Agent, Broker, Realtor or Associate Real Estate Salesperson.

This Completed Application

Dues (\$375)

Business Card

Recommendation Letter(s) *

*One letter from a current REOMAC® Regular Member or two (2) letters from two (2) different financial Institutions who are in the business of REO disposition.

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. 12/09)