



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.

Lender/Service, Affiliate and Outsourcer membership categories may not exceed 40% of the total membership, per Article 3, Section 3.01 of the REOMAC® Bylaws.

Referred by _____

ABOUT YOU (please print)

Name _____

Title _____

Company _____

Address _____ City _____ State _____ Zip+4 _____

Telephone _____ Fax _____

E-mail _____ Web Site _____

Type of Business (please provide a brief one-to-three word description of your organization's primary function)

LENDER / SERVICER MEMBER

Lender/Service Members are individuals who are employees of a financial institution or an asset management company which is a wholly-owned subsidiary of a financial institution. Primary duties should include loan servicing or the marketing and management of real estate owned properties. Please include all of the following items:

- This Completed Application
- Dues (\$75)
- Business Card

AFFILIATE MEMBER

Affiliate Members are individuals – other than broker or sales associate – engaged in full-time employment of an entity whose business may be considered complementary or ancillary to the field of non-performing asset management. Please include all of the following items:

- This Completed Application
- Dues (\$375)
- Business Card
- Letter of Recommendation*

*From a current REOMAC® Regular Member or from two (2) financial institutions who are in the business of REO disposition.

OUTSOURCER MEMBER

Outsourcer Members are individuals who are employees of an outsourcer company whose primary business responsibility is the asset management of loans secured by real property or marketing real estate owned:

- This Completed Application
- Dues (\$150)
- Business Card
- Letter of Recommendation*

*From a current REOMAC® Regular Member or from two (2) financial institutions who are in the business of REO disposition.

CREDIT CARD INFORMATION

Visa

MasterCard

American Express

Card Number _____ 4-5 Digit Security Code _____ Expiration Date _____

Name on Card _____

Billing Address _____ City _____ State _____ Zip+4 _____

Signature _____

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

FOR OFFICE USE ONLY

Ratified

Waitlist

Date: _____

(Rev. 12/08)