

## Reinstatement Form

1919 W. Stadium Blvd., Ann Arbor, MI 48103 Phone: (734) 761 – 7340 | Fax: (734) 747 – 7377

Email: realtors@AAABoR.com | Website: www.AAABoR.com

A former member has one year to reinstate. After one year, application as a new member (including application fee is required).

## **Reinstatement Fees:**

1-90 Days - \$0.00 91-365 Days - \$200.00

| Membership Type:                             |                        |                 |   |
|--|------------------------|-----------------|---|
| O Broker                                     | O MLS Only             | O Lifetime      |   |
| O REALTOR                                    | O Board Only           | O *Affiliate    |   |
| O Non-Member Salesperson                     | O Secondary            |                 |   |
| *Reinstatement fees do not apply to affiliat | es.                    |                 |   |
| Reinstating with the same firm: Yes N        | 0                      |                 |   |
| Name:  |                        | Effective Date: |   |
| Home Address:                                | City:                  | Zip-Code:       | _ |
| Cell Phone #:                                | Real Estate License #: |                 | _ |
| Email Address:                               |                        |                 | _ |
| Office Name:                                 | Broker Code:           |                 | _ |
| Office Address:                              | City:                  | Zip:            |   |
| Are you a member of another hoard? Yes       | No If yes, which one?  |                 |   |

## <u>Signature</u> is required for all reinstatements

| Broker Name (Please enter or PRINT):         |      |
|--|------|
| Broker/DR Signature:                         | Date |
| OR Affiliate Name (Please enter or PRINT):   |      |
| Affiliate Signature:                         | Date |
|  |      |
| For AAABoR Office Use Only:                  |      |
| Amt Pd: App Fee \$ + Dues \$ = Total \$      |      |
| Constant Contact Issued Card Copy to Finance |      |
| Date Received: Date Effective:               |      |
|  |      |



## **Payment Sheet**

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| Method of Payment:                   |                          |            |
|--------------------------------------|--------------------------|------------|
| O Cash                               | O Visa                   | O Discover |
| O Check #                            | O MasterCard             |            |
| O Personal Credit<br>Card            | O Company Credit<br>Card |            |
| Card #                               | Exp. Date                | Amount     |
| Name on Card (Please enter or PRINT) |                          |            |
| Signatura                            |                          |            |