

Agent / Broker Membership Application

About You (please print)

Name _____ Title _____

Company _____

Address _____ City _____ State _____ Zip+4 _____

Office Phone _____ Cell Phone _____ Fax _____

E-mail _____ Website _____

Number of years in the default servicing/mortgage industry _____ Number 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 _____ If so, please attach the judgment (outcome) _____

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

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

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

Please provide 2 referrals from financial institution/outsourcer employees you have worked with on a default property sale in the last 3 years:

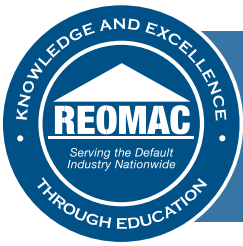
Name _____ Company _____ Email _____ Phone _____

Name _____ Company _____ Email _____ Phone _____

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

Mail or Email completed application and checklist items to:

REOMAC® • 401 W. 15th St., Suite 695 • Austin, TX 78701 • (512) 382-9212 • www.reomac.org • info@reomac.org



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 licensed as a Real Estate Agent, Broker, or Associate Real Estate Sales person who has experience in and/or who derives a substantial portion of their income from the marketing and sale of distressed real property. Please provide the following:

- This Completed Application
- Dues (\$395)
- Business Card

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. 01/16)