

## \$150.00 REACTIVATION FEE

Name on License	Date of Birth	
Name as you wish it to appear		
License No	[ ] Salesperson	[ ] Broker
Billing Address:		
	Cell Phone	
Firm Name		
Physical Address		
Mailing Address:		
Office Phone	Fax	
Email	Website	
Preferred mailing address [ ] F	lome [ ] Office	
Preferred phone [ ] Cell	[ ] Home [ ] Office	

841 Hancock Road Bullhead City.AZ.86442 Ph: 928.758.4808

www.bhcmvaor.org

## REINSTATEMENT APPLICATION CONTINUED

I hereby certify that the foregoing instrument furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership, if granted. I further agree that, if accepted, I shall pay the fees and dues as from time to time established.

If it has been more than **180 days** from the deactivation date my membership in the Bullhead City / Mohave Valley Association of REALTORS®, I understand I must attend an **Orientation Session**, a **Code** 

of Ethics and MLS Training Session. I understand that if I should fail to attend said Orientation and MLS Computer Sessions my application fee will be forfeited. Initials Agent Initials Staff This contract contains a binding Arbitration provision which may be enforced by the parties. I give the Association permission to FAX me at \_\_\_\_\_\_ I give the Association permission to Email me at \_\_\_\_\_\_ **Applicants Signature** Date of Signature **Broker Signature** Date of Signature FOR OFFICE USE ONLY GrowthZone: by: \_\_\_\_\_ date: \_\_\_ by:\_\_\_\_\_ date: \_\_\_\_ NRDS: WARDEX: by:\_\_\_\_\_ date: \_\_\_\_ Quick Books: by: \_\_\_\_\_ date: \_\_\_\_

\*ADRE data updates are the responsibility of the licensee

GE-Supra

date: