



2018/2019 DMCAB Membership Application

Name: _____

Company: _____ Phone: _____

Fax: _____ E-mail: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Preferred contact (check one): Home Office

Colorado Real Estate License number: _____

DMCAB Membership: Individual Licensee Membership \$249

(Dues are not prorated throughout the year; \$249 for fiscal year, Oct. 2018 - Sept. 2019)

1.) Are you now a member of any other real estate board or association? **Yes** **No**

If yes, provide name of the other board or association: _____

2.) Have you ever held membership in DMCAR or any other real estate association? **Yes** **No**

If yes, provide name of the board or association: _____

3.) Member from (date): _____ to (date): _____

4.) City: _____ State: _____ Zip: _____

5.) Are you presently financially indebted to any former board or association? **Yes** **No**

If yes, please explain: _____

View [DMCAB Bylaws](#). **BY SIGNING BELOW**, I hereby apply for Membership in the Denver Metropolitan Commercial Association of Brokers (DMCAB), I have included my payment to cover the application fee plus annual dues. In the event my application is approved I hereby agree to abide by the DMCAB Bylaws. I, the undersigned, agree to pay the established fees as long as I remain a member of the Denver Metropolitan Commercial Association of Brokers. I understand that if I fail to meet the requirements of membership, my application fee and prorated annual dues will be forfeited.

Membership Fee: (Dues total from above.) \$ _____

Application Fee: \$75

(Check one. No fee for active DMCAR members to transfer to DMCAB.)

Managing Director/Broker or \$ _____

Managing Appraiser

Broker Associate or Appraiser \$ _____

Associate

TOTAL \$ _____

Credit Card Payment Information:

Visa MC AMEX Discover

Card #: _____ - _____ - _____ - _____

Expiration date (mo./yr.) _____

Signature: _____

(Credit cardholder types full name.)

I have read and understand the requirements of membership. I hereby certify that the foregoing information 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, may be grounds for revocation of my membership if granted.

Signed: _____ Date: _____

(Applicant types full name.)