



# 2018/2019 DMCAB Elite 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 Elite Membership: Individual Licensee Membership \$600

(Dues are not prorated throughout the year; \$600 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.)*