### Cornerstone Association of REALTORS® BROKERAGE MEMBERSHIP APPLICATION FORM

#### Instructions

Please fill out the form to completion with the information that corresponds exactly as it appears on the registration issued by Real Estate Council of Ontario (RECO) as proclaimed by the Real Estate and Business Brokers Act (Ontario) (the "Act").

Attach the following documents and submit to <u>membership@mreb.ca</u> once complete.

- i. Completed Broker of Record or Broker Manager Cornerstone Membership Application
- ii. Copy of articles of incorporation or Letters Patent of Incorporation
- iii. Copy of Brokerages RECO Registration
- iv. Copy of Broker of Records RECO Registration

#### **Brokerage Information**

<b>U</b>		
Brokerage Name		
Trade Name (as approved by RECO):		
Street Address (include Unit # if applicable):	City/Town:	
Postal Code:	Brokerage Website (if applicable):	
Phone Number:	Fax Number:	
Brokerage RECO Registration:	RECO Expiry Date: DD/MM/YY	
Brokerage Email:		

#### **Broker of Record Information**

	Broker of Record Na	me:									
	Broker of Record RE	CO			E	Expiry D	ate:				
	Number:				[	DD/MM/Y	Y				
	Others with Authority Sign for Brokerage:	' to	YES		NO (	)					
	Name of Additional						Additional	0 0			
	Signing Authority Member (1):				A	Authority	/ Member (2	2):			
Has the Brokerage ever been a member with Cornerstone-Mississauga previously? YES $\bigcirc$						′ES 🔿	NO				
Si	gnature						Name				
-		Signatu	gnature of the Person Submitting this For			m		Name of the Person Submitting this Form (print			Form (print)
	Date of Signature										
		DD	MM	YY							

August 2024 Brokerage Membership Application

## Cornerstone Association of REALTORS® BRO MEM

# BROKERAGE MEMBERSHIP APPLICATION FORM

BROKERAGE JOINING FEE: \$900.00 plus HST

#### IMPORTANT NOTICE: FEES ARE NON-REFUNDABLE ONCE PAID TO CORNERSTONE

Brokerage Information						
Brokerage Name						
Member Name (Please print):	_					
Name on Credit Card:						
Amount:	4	\$				
CORNERSTONE USE:	ŀ	AUTHORIZATION NUMBER:				
Please provide a DIRECT contact numbe	er: F	Phone #:				
Card Type:	Ν	MASTERCARD: VISA: VISA:				
Card Number:						
Expiry Date:	Ν	MM/YY:		CVV:		
Signature Signature of the Person S	ubmitting this Form	Nar		Person Submitting this Form (print,		
Date of Signature	ММ		DD	YY		
CORNERSTONE USE ONLY:						
Brokerage Name:						
Brokerage MI #:	CREA ID:					
Date Processed:		Staff Signat	ure			

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