

# Cornerstone Association of REALTORS®

## Membership Application / Transfer / Reinstate

TITLE:	NEW	TRANSFER	REINSTATE
BROKER OF RECORD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BROKER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SALESPERSON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I, REGISTERED RECO NAME hereby make application with the Cornerstone Association of REALTORS® as a licensed REALTOR® with the following:

BROKERAGE NAME	
STREET ADDRESS INCLUDING UNIT #, CITY, PROVINCE, POSTAL CODE	
BROKERAGE TELEPHONE NUMBER	OFFICE TRANSFERRING FROM (if applicable)
DATE LICENSE ISSUED WITH PRESENT BROKER	DATE LICENSE EXPIRES (mm/dd/yy)
RECO REGISTRATION NUMBER	

I will be acting as branch manager of the office indicated above. YES NO

In the last 6 months I was a member of a Real Estate Board / Association(s): YES NO

If yes, provide the name(s) of the Board/Association(s) \_\_\_\_\_

I am currently a Member of another Board / Association(s) YES NO

If yes, provide the name(s) of the Board/Association(s) \_\_\_\_\_

If yes, I will be terminating my membership with my Board / Association(s) YES NO

Cornerstone will be my Primary Association collecting OREA / CREA Dues YES NO

### I CERTIFY THAT:

- I am registered with RECO as a licensed REALTOR®.
- I am employed by a Cornerstone Member Brokerage
- I agree to complete the New Member Orientation Program(S) as set out by Cornerstone within 3 months of joining.  
Failure to comply may result in termination of my membership as in accordance with Cornerstone Bylaw.

- E. I agree to adopt and abide by the Bylaw, Rules & Regulations, MLS® Policies or any other policies approved by the Board of Directors of Cornerstone, and the CREA REALTOR® Code and Standards of Business Practice. I acknowledge any breach may result in fines and/or suspension.
- F. In consideration of the benefits of membership, I hereby release and discharge the Association and its directors, officers, servants, agents and employees from all actions, claims and demands of any kind which against them I now or may hereafter have, arising out of any act or omission by them in respect to the considered acceptance or rejection of this application, and in the event this application is accepted, in respect to the exercise of any power or the performance of any duty in accordance with the Bylaw or the Rules and Regulations of Cornerstone.

(\*Former members reinstating after a 2-year period will be required to complete the New Member Orientation Program(s)).

I understand in order for my membership to continue, I must remain qualified in accordance with (A) to (F) above.

INITIALS

I shall comply with all legal obligations to Cornerstone, whether financial, contractual, judicial orders or judgements, arbitration or disciplinary awards or orders, or otherwise, or if I am unable to so certify, outline the reasons for non-compliance.

INITIALS

I acknowledge and agree that the submission of this membership application constitutes my consent to the collection, use and disclosure by Cornerstone of the information submitted in this membership application and any other personal information about me collected by Cornerstone during the course of my membership. I give Cornerstone permission to take or use my photograph in print, video or other media for the purpose of documenting and promoting Cornerstone or its event/activities.

INITIALS

I understand that the collection, use and limited disclosure of any personal information will only be for the purposes of fulfilling Cornerstone's mandate, including the provision of services, products and information to me by the Association, or any organization authorized by Cornerstone, and only in a manner consistent with the **Association's Privacy Policy**.

INITIALS

## PERSONAL INFORMATION *(Please complete in full)*

DATE OF BIRTH (MM/DD/YY)		GENDER IDENTITY OPTIONS	
EMAIL		CELL NUMBER	
STREET ADDRESS INCLUDING UNIT #, CITY, PROVINCE, POSTAL CODE			

**You may update your contact information by accessing the Member Portal icon on your Cornerstone Dashboard.**

<http://itsorealestate.ca>

## PAYMENT TERMS

Upon Submission of your application, an electronic invoice will be sent to EMAIL ADDRESS for remittance of applicable membership fees. Once payment has been received, your membership will be activated during Cornerstone business hours.

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## NEW MEMBER ONLY

## VIEW MEMBERSHIP FEES

- You will receive an introduction email providing you with your Unique User Id and a temporary password for completion of your enrollment with the Cornerstone MLS® System. The access codes are for your sole and exclusive use and may not be shared with or used by any other individual.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE  
MM/DD/YYYY

\_\_\_\_\_  
BROKER OF RECORD/MANAGER SIGNATURE

\_\_\_\_\_  
DATE  
MM/DD/YYYY

As **Broker of Record/Manager** I hereby grant permission for the above applicant to Broker Load Listings.

\_\_\_\_\_  
INITIALS

***This application must be submitted to the Cornerstone Membership Department within thirty (30) calendar days from the date the license was issued with RECO. Late submissions may result in fines to the Brokerage.***

*Please submit completed application to  
membership@cornerstone.inc*

CORNERSTONE HST# R103653838

OREA HST# R104001714

CREA HST# R105201339

## CORNERSTONE OFFICE USE ONLY:

UNIQUE USER ID:	FIRM CODE:	CREA ID:
HOME BOARD:	DATE: (MM/DD/YY)	

Cornerstone Membership Application-Transfer- Reinstatement Form - November 2024 - AB

membership@cornerstone.inc

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