

BROKERAGE/BRANCH MEMBER APPLICATION

For DOL recognized Real Estate Firms and Branches. Setup Fees: \$350 CBA Firm and/or \$85 Qualifying CBA Branch Office. The setup fee does not include the first month's dues and will be billed accordingly. See CBA fee schedule for monthly dues amounts, including monthly branch fees. **All membership dues/fees are billed directly to the CBA Member Firm only**.

| Section 1: New/Reinstated Office | OR | Existing CBA Office and adding a Branch Office | (must | complete Section 2) | | | | |
|----------------------------------|-------------------------------------|--|-------|---------------------|--|--|--|--|
| | | | | | | | | |
| Office Name | Office License Number (attach copy) | | | | | | | |
| Designated Broker Name | | DB Email | | | | | | |
| Office Address | | City | State | Zip | | | | |
| Office Phone | | Office Fax | | | | | | |
| Billing Contact | | Billing Contact Email | | | | | | |

Section 2: CBA Qualifying Branch Office Setup (must have same UBI number as CBA Member Firm above). Skip this Section if not applicable.

| Branch Office Name | Branch License Number (attach copy) | | | | | | | |
|--|--|--|--|--|---|--|--|--|
| Branch Manager Name | | | Email | | | | | |
| Office Address | | | City | | State | Zip | | |
| Office Phone | | (| Office Fax | | _ | | | |
| As Designated Broker of the Section 1 is responsible for al CBA Membership Dues/Fee | I fees incurred by this | branch office, and | es for CBA Branch d will be billed ma | n Office pricing onthly for servic | g. I understand that ces. I have read an | the Office listed in d understand the | | |
| Check one: Applicant is a Corporation | | LLC | C Partnership | | Sole Proprietor | | | |
| Applicant warrants that he/she i Rules and Regulations of COMM inform participating brokers ther | IERCIAL BROKERS ASS | | | | | | | |
| Broker is also aware that sl | haring CBA services w | vith non-participati | ing brokers will re | sult in a minim | um fine of \$480 for | each infraction. | | |
| Broker/Manager Signature Broker's Li | | | | License Number (attach copy) | | | | |
| Print Name | | Da | te | | | | | |
| You must also complet | e the Broker Roster | r Form for all parl | icipating indivi | duals, includ | ing the Designat | ed Broker/ | | |
| Manager listed above | . Please note: Lice | ncees may only | join CBA throug | gh the office | where their licen | se hangs. | | |
| Credit Card Payment Information (select one only): | | Pay Setup fee only | | Pay Setu | Pay Setup fee & Join AutoPay | | | |
| | | | | | ng AutoPay, credit | | | |
| Check or Credit Card Number | (Visa MC Amex) | Expiration Date | CVV Code | current month's dues approximately the 15th o each month. (Account is billed 1st of each mo | | | | |
| Name on credit card | Credit Co | Credit Card Full Billing Address (including City, State, State, Zip) | | | | | | |
| Return completed forms to me Include | mberservices@comm all required forms to a | | | | | in 24 business hours. | | |
| 20700 4 | 4th Ave W. Ste #5501 | Lynnwood WA 980 | 36 Ph. 800.275.2 | 522 I www.com | nmercialmls.com | | | |