



**ANN ARBOR AREA
BOARD OF REALTORS®**

Reinstatement Form

1919 W. Stadium Blvd., Ann Arbor, MI 48103
Phone: (734) 761 – 7340 | Fax: (734) 747 – 7377
Email: realtors@AAABoR.com | Website: www.AAABoR.com

A former member has one year to reinstate. After one year, application as a new member (including application fee) is required.

Reinstatement Fees:

(When Reinstating with the Same Firm)

1- 6 Days - \$25
7 - 365 Days - \$200

Reinstatement Fees:

(When Reinstating with a Different Firm)

1- 30 Days - \$25
31 - 365 Days - \$200

Membership Type:

- | | | |
|--|----------------------------------|----------------------------------|
| <input type="radio"/> Broker | <input type="radio"/> MLS Only | <input type="radio"/> Lifetime |
| <input type="radio"/> REALTOR | <input type="radio"/> Board Only | <input type="radio"/> *Affiliate |
| <input type="radio"/> Non-Member Salesperson | <input type="radio"/> Secondary | |

**Reinstatement fees do not apply to affiliates.*

Reinstating with the same firm: Yes No

Name: _____ Effective Date: _____

Home Address: _____ City: _____ Zip-Code: _____

Cell Phone #: _____ Real Estate License #: _____

Email Address: _____

Office Name: _____ Broker Code: _____

Office Address: _____ City: _____ Zip: _____

Are you a member of another board? Yes No If yes, which one? _____

Signature is required for all reinstatements

Broker Name *(Please enter or PRINT):* _____

Broker/DR Signature: _____ Date _____

OR Affiliate Name *(Please enter or PRINT):* _____

Affiliate Signature: _____ Date _____



REALTOR®

ANN ARBOR AREA
BOARD OF REALTORS®

Payment Sheet

1919 W. Stadium Blvd., Ann Arbor, MI 48103

Phone: (734) 761 – 7340

Fax: (734) 747 – 7377

Email: realtors@AAABoR.com

Website: www.AAABoR.com

Method of Payment:

Cash

Visa

Discover

Check # _____

MasterCard

Personal Credit
Card

Company Credit
Card

**Please Note: We DO NOT accept American Express*

Card # _____ Exp. Date _____ Amount _____

Name on Card (Please enter or PRINT) _____

Signature _____

For AAABoR Office Use Only:

Amt Pd: App Fee \$ _____ + Dues \$ _____ = Total \$ _____

Constant Contact _____ Issued Card _____ Copy to Finance _____

Date Received: _____ Date Effective: _____