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REINSTATEMENT OF MEMBERSHIP

Amount due:			
Real Estate License #			
REALTOR® Name			
	First	Middle (Initial)	Last
REALTOR® (lice	nsed real estate agent o	, partner, or corporate office or broker, or certified appraise ership with another Board/A	*
Present Office			
Tesent office	Name		
	Address	City, State	Zip
Phone #	Fav ±	1	Cell #
Website address			
Website addressResidence Address			
		City, State	
Residence AddressFa	x #	City, State	Zip
Residence Address Phone #Fa	x #	City, State ——— Preferred Phone: □Hon S NO	Zip ne Office Cell Staff Only: Realtor List Realtor Roster
Residence AddressFa	x # Office YES	City, State ——— Preferred Phone: □Hon S NO	Zip ne Office Cell Staff Only: Realtor List Realtor Roster Rookies List
Residence AddressFa Phone #Fa Preferred Mailing: □Home Is office part of a Franchise: _	x #	City, State ——— Preferred Phone: □Hon S H H H H H H H H H H H H	Zip Cell Capacitate Construction Capacitate
Residence AddressFa Phone #Fa Preferred Mailing: □Home Is office part of a Franchise: Franchise Name	x #	City, State ——— Preferred Phone: □Hon S F F A Y C Z	Zip Staff Only: Realtor List Rookies List Avectra Website Roster NAR/CAR Spread Sheet Constant Contact Email

REALTOR

