



Realtors® Commercial Alliance
Broward, Palm Beaches & St. Lucie Realtors®
APPLICATION FOR REALTOR®
MEMBERSHIP

(Please print or type)

Real Estate License # _____

Name (As on License) _____ Designations _____
(CCIM, SIOR, CIPS, etc.)

Home Address _____ Telephone _____

City/State _____ Zip Code _____

Email address _____ Can we text you? (circle one) Y or N

I prefer my mail to go to ___my home ___my office Cell Phone # _____

OFFICE NAME _____

Office Address _____

City/State _____ Zip Code _____

Office Telephone _____

What percentage of your time is devoted to commercial real estate? _____% (as opposed to residential)

What is your main area of specialization (please prioritize your choices)

- ___ Industrial leasing/sales ___ Multi-Family (5 or more units) ___ Consulting
___ Office leasing/sales ___ Business Brokerage ___ Developer/Contractor
___ Retail leasing/sales ___ Land ___ Appraiser
___ Hotel/Motel sales ___ Property Management ___ Other _____
(gas stations, day care facilities, marinas, etc.)

Do you belong to any other commercial real estate organizations? _____
(CCIM, SIOR, NAIOP, SFOBA, RLI, etc.)

Cost to add RCA Membership to your current Realtor® Membership - \$50.

Credit Card # _____ Exp. Date _____ CVC# _____

Card Holder Signature _____

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