



# REI ACT

REAL ESTATE INSTITUTE  
OF THE AUSTRALIAN CAPITAL TERRITORY

## APPLICATION FOR OFFICE MEMBERSHIP

### BUSINESS DETAILS

Company Name:.....  
 Trading As: .....  
 ACN/ABN: .....  
 Street Address: .....  
 ..... Postcode: .....  
 Postal Address: .....  
 ..... Postcode: .....  
 Phone: ..... Fax: .....  
 Email: .....  
 Website: .....

### BUSINESS STRUCTURE

Sole Trader       Partnership       Corporation       Franchise

Business Areas:  Residential Sales       Residential Rentals       Commercial Sales & Leasing  
 Business Broker       Other (Please specify) .....

Number of Licensed and Registered staff members.....

Has the office previously held REI ACT membership?  Yes       No

### PROFESSIONAL INDEMNITY INSURANCE

It is a requirement of REI ACT Office Membership that all licensed principals maintain Professional Indemnity Insurance.

Company: .....

Policy Number: ..... Expiry Date: .....

**DECLARATION**

I/We declare that the statements set out above are true. I/We undertake to be bound by the Real Estate Institute of the ACT (REIACT) Constitution and By-Laws, the Code of Conduct and any rules and regulations. The undersigned hereby certifies that he or she has authority to sign this form.

.....  
Name Signature

Dated this.....day of.....

**LICENSED AGENT**

Full Name Mr/Mrs/Ms/Miss: .....

Position:

Principal  Licensee  Other (Please specify) .....

Are you an existing REIACT Individual Member?  Yes  No

If yes, REIACT Member# .....

Your Postal Address:.....

.....Postcode.....

Phone:.....Mobile:.....

Email:.....

**PRIVACY STATEMENT**

REIACT is bound by the *Privacy Act 1988* and respects your right to privacy. The personal information you have provided on this form may be used to contact you with information on new products, services and industry events, or simply to participate in member surveys. If a member would like further information about privacy, or to access, update or correct their personal information, they may contact the REIACT on (02) 6282 4544, or email to [admin@reiaact.com.au](mailto:admin@reiaact.com.au).

**FEES**

Where an Agency has more than one Office location, membership benefits only apply to the Offices that have paid membership fees.

Each Office Member will be required to nominate a representative, who will be the Office contact.

		Staff No*	Annual fee	Quarterly fee
Agency	Between	1 - 3	\$1,650	\$440
		4 - 6	\$2,750	\$770
		7 - 9	\$3,850	\$1,045
	More than	10 or more	\$4,950	\$1,375

\* Licensed and registered agents

**Payment Options**

- Members may pay either quarterly or yearly.
- Quarterly payments are due in advance of the Quarter

**Due Dates**

- First Quarter payment due now,
- Second Quarter payment due 30 April 2008,
- Third Quarter payment 31 July 2008,
- Final Quarter payment 31 October 2008.

**Preferred Payment Option**

**Annual**

**Quarterly**

A tax invoice will be issued upon receipt of this membership renewal form.

Please return application form to  
 REIACT Membership  
 PO Box 22  
 DEAKIN WEST ACT 2600  
 or  
 Tel (02) 6282 4544 Fax to 6285 1960

OFFICE USE ONLY

Receipt No.	
Member No.	
Issued By	

Date	
Valid to	
Web Access	