



REI ACT

REAL ESTATE INSTITUTE
OF THE AUSTRALIAN CAPITAL TERRITORY

APPLICATION FOR INSTITUTE MEMBERSHIP

An Institute Member shall comprise persons actively engaged in Real Estate Practise and having a current registration as a Real Estate Agent under the Agents Act 2003.

INDIVIDUAL'S DETAILS

Surname Mr /Mrs/Miss/Ms:

Given Names:

Preferred Name:

Your Residential Address:

.....Postcode.....

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

Email:.....

Business/Employer Name:.....

Street Address:.....

.....Postcode.....

Work Phone:.....

Email:.....

Preferred Mailing Address: Business Home

Preferred Form of Contact: Mobile Email Post Fax

Position:

Principal Property Manager Salesperson Other:.....

Have you previously held REI ACT membership? Yes No

PROFESSIONAL INTERESTS

Please indicate what areas you/your business specialises in. Tick all that apply.

Auction Body Corporate Business Broking

Commercial & Industrial Property Management Residential Sales

Rural Valuation

FEES

Institute Member \$110.00 (GST incl)

TAX INVOICE: This form becomes a Tax Invoice upon payment. Please retain a copy for your taxation records.

Payment Options

Cheque (Please make cheque payable to REIACT)

Please charge my credit card for \$.....

Visa

Mastercard

American Express

Credit Card Number ____ / ____ / ____ / ____ Expiry date __ / __

Cardholders Name:.....

Cardholders Signature:.....

Please return application form and payment 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 | |