



Reinstatement – OFFICE

Rejoining MLS: _____ Date: _____

Broker DRE # _____ Corporate DRE # _____

Broker Name: _____
(Please Print)

Email Address: _____
(Please Print)

Office Name: _____
(Please Print)

Office Address: _____
(Please Print)

Office Phone: _____ Office Fax: _____

Cell Phone: _____

By signing below, Broker agrees they have read and understand the current KCBOR® Membership Application. Broker agrees that all terms and conditions of the current KCBOR® Membership application, Bylaws, MLS Rules, SentiAccess rules, explanation of fines, other governing documents (as they may from time to time be modified), are hereby incorporated and made a part of this agreement.

Broker of Record understands there is a \$250.00 KCBOR Office Reinstatement fee and any regular or prorated amount of membership dues payment required before access is granted.

Broker's Signature: _____

Broker's Name: _____
(Please Print)

All areas of this form must be completed, or it will be returned to the Broker. KCBOR® is not responsible if incorrect information is provided.