



**REALTOR® Association of Pioneer Valley, Inc.  
Application for Reassociation**

To: The REALTOR® Association of Pioneer Valley, Inc.  
221 Industry Avenue, Springfield, MA 01104

Date \_\_\_\_\_

My payment in the amount of **\$30.00** is enclosed • VISA/Mastercard Authorization Form Attached.  
**Checks payable to REALTOR® Association of Pioneer Valley, Inc. (RAPV)**

Name \_\_\_\_\_  
*(please print or type)*

MA Real Estate License No. \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ License Type ( ) Broker ( ) Sales  
*(attach photocopy of license)*

**Disassociated From:** (previous firm name) \_\_\_\_\_

Address of Firm \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Reassociating To:** (new firm name) \_\_\_\_\_

Address of Firm \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Home Address:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Home Fax \_\_\_\_\_ E-Mail address \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

**It is understood that no refunds will be made after acceptance into Association Membership.**

\_\_\_\_\_  
Signature of Principal  
*(Required)*

\_\_\_\_\_  
Signature of Applicant  
*(Required)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date