



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

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

My payment in the amount of \$25.00 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.

Date _____
Signature of Principal
(Required)

Date _____
Signature of Applicant
(Required)