RAPV MEMBERSHIP FORM

Data Verification: Designated REALTOR®

(Multiple Office Locations)

225 PARK AVE, 4TH FLOOR
WEST SPRINGFIELD, MA 01089
(413) 785-1328

Extra pages if you have more locations than the online form allowed.

Return completed forms to mandy@rapv.com before Friday, September 4th, 2026 at 4:45pm. Thank you!

Designated REALTOR® Information

Full Legal Name: _____ **License #:**_____

Parent Brokerage: _____ **License #:**_____

Office Location Information

Office License #: _____

Office Name (if different from brokerage name): _____

Physical Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Office Phone: _____ **Office Email:** _____

Office Manager Name: _____

Office Manager Email: _____ **Phone:** _____

Number of REALTOR® Members Assigned to This Office: _____

Please attach a current list of members in this location.

Office Location Information

Office License #: _____

Office Name (if different from brokerage name): _____

Physical Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Office Phone: _____ **Office Email:** _____

Office Manager Name: _____

Office Manager Email: _____ **Phone:** _____

Number of REALTOR® Members Assigned to This Office: _____

Please attach a current list of members in this location.

Office Location Information

Office License #: ______________________

Office Name (if different from brokerage name): ____

Physical Street Address: ____

City: ____ State: _________________ Zip: _________________________

Mailing Address (if different): ____

Office Phone: _______________________________ **Office Email:** ____

Office Manager Name: ____

Office Manager Email: ____ **Phone:** ______________________________

Number of REALTOR® Members Assigned to This Office: ____________

Please attach a current list of members in this location.

Office Location Information

Office License #: ______________________

Office Name (if different from brokerage name): ____

Physical Street Address: ____

City: ____ State: _________________ Zip: _________________________

Mailing Address (if different): ____

Office Phone: _______________________________ **Office Email:** ____

Office Manager Name: ____

Office Manager Email: ____ **Phone:** ______________________________

Number of REALTOR® Members Assigned to This Office: ____________

Please attach a current list of members in this location.

Office Location Information

Office License #: ______________________

Office Name (if different from brokerage name): ____

Physical Street Address: ____

City: ____ State: _________________ Zip: _________________________

Mailing Address (if different): ____

Office Phone: _______________________________ **Office Email:** ____

Office Manager Name: ____

Office Manager Email: ____ **Phone:** ______________________________

Number of REALTOR® Members Assigned to This Office: ____________

Please attach a current list of members in this location.

Office Location Information

Office License #: _____

Office Name (if different from brokerage name): _____

Physical Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Office Phone: _____ **Office Email:** _____

Office Manager Name: _____

Office Manager Email: _____ **Phone:** _____

Number of REALTOR® Members Assigned to This Office: _____

Please attach a current list of members in this location.

Office Location Information

Office License #: _____

Office Name (if different from brokerage name): _____

Physical Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Office Phone: _____ **Office Email:** _____

Office Manager Name: _____

Office Manager Email: _____ **Phone:** _____

Number of REALTOR® Members Assigned to This Office: _____

Please attach a current list of members in this location.

Please return completed form to:

Mandy Sherman, Director of Membership & Events

mandy@rapv.com or 225 Park Ave, 4th Floor, West Springfield, MA 01089

REMINDER: Dues billing is scheduled for early October. Bills are NOT mailed. Reminders go out via email, and Invoices are available in Member Portals at https://rapvportal.ramcoams.net. Set a reminder in your calendar now to remind your agents and avoid fees! *Designated REALTORS® are responsible for the dues of all licensees in their offices.*