

# RAPV MEMBERSHIP FORM

# LIMITED FUNCTION REFERRAL OFFICE (LFRO) CERTIFICATION



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

**To Designated REALTORS®:** Please complete the following and return to the association office no later than **September 30<sup>th</sup> annually**.

In accordance with Article X, Section 4, of the association's Bylaws, this will certify that the undersigned Designated REALTOR® (or their firm) has a direct or indirect ownership interest in an entity engaged exclusively in soliciting and/or referring clients and customers to the REALTOR® for consideration on a substantially exclusive basis. This will also certify that all of the licensees affiliated with that entity (list provided below) are solely engaged in referring clients and customers and are not engaged in listing, selling, leasing, renting, managing, counseling or appraising real property. The Designated REALTOR® (or appointed designee) shall notify the association within three (3) days of any change in status of licensees in a referral firm.

<u>Agent Name</u>	<u>License Number</u>	<u>Email Address</u>
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_____	_____	_____
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The exemption for any licensee included on the certification form shall automatically be revoked upon the individual being engaged in real estate licensed activities (listing, selling, leasing, renting, managing, counseling, or appraising real property) other than referrals, and dues for the current fiscal year shall be payable. Licensees may, however, continue to be licensed and hold REALTOR® membership in connection with a different brokerage (or brokerages) in states outside of where they are applying for or have been granted an exemption.

Certified by \_\_\_\_\_  
(Designated REALTOR®- Print Name)

Signature \_\_\_\_\_ **Date:** \_\_\_\_\_  
Designated REALTOR® (or appointed designee)

Name of Firm \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_