



## Membership Application

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name of Firm: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Co. Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Alt#: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_ Pager: \_\_\_\_\_  
 Web page: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### Business Development

Areas of Real Estate Specialization: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Membership in Real Estate Specialization: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Real Estate License: \_\_\_\_\_ Broker or \_\_\_\_\_ Salesman \_\_\_\_\_  
 Licenses(s) #(s): \_\_\_\_\_ State Licensed in: \_\_\_\_\_  
 Years in Business: \_\_\_\_\_ Company: \_\_\_\_\_  
 If less than 3 yrs with same company, previous place of employment: \_\_\_\_\_  
 Professional Designations: \_\_\_\_\_  
 List other real estate organizations in which you hold membership: \_\_\_\_\_  
 \_\_\_\_\_

Other Affiliations (please circle): CREN, CCIM, SEC, other: \_\_\_\_\_

Personal References:

Name	Phone	Address
_____	_____	_____
_____	_____	_____

Who introduced you to BACREN? \_\_\_\_\_

How would you help us make our organization better?  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Classification	Criteria	2011 Dues
Class 1 Member	Real Estate Professional w/ TX RE license	\$40.00
Class 2 Member	Affiliate: Vendor providing service to Comm.RE Industry	\$95.00
Class 3 Member	Partner: Vendor providing service to Comm. RE Industry, Promote business from the Podium	\$ 1,200.00

Bring this application to any meeting or contact John Braun, BACREN Membership Chairman  
 281-286-6500 or [john@bayouproperites.com](mailto:john@bayouproperites.com)  
 For Partner Membership, please contact Bob Holmes at 281-326-4430 or [bobholmes@earthlink.net](mailto:bobholmes@earthlink.net)