Member

Profile

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| **REGION** |
| **RE/MAX**  |

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| **Office** |
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| **Office No.:** |       | **Office Name:** | RE/MAX Direkt |
| **Office Address:**(Street No) | Vojvode Pere Krece 21 |
| **Postal Code:** | 78000 | **State / Province:** | Republic of Srpska |
| **City:** | Banja Luka | **Country:** | Bosnia and Herzegovina |
| **Office Telephone:**(with country / area code) | + 387 51 465 333  | **Telefax:** | +       |
| **Office E-Mail:**  |       | **Website:** | www.remax-bh.ba |
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| **Affiliate** |
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| [ ]  Existing Affiliate please enter iFranchise ID:       | [x]  New Affiliate |
| **First name(s):** | Boban | **Last name:** | Sašić |
| **Date of Birth:**(dd/mm/yyyy) | 23/01/1987 | [ ]  Female | [x]  Male |
| **Home Address:**(Street No) | Vilsonova 12 |
| **Postal Code:** | 78000 | **State / Province:** | Republic of Srpska |
| **City:** | Banja Luka | **Country:** | Bosnia an Herzegovina |
| **Home Telephone:**(with country / area code) | +       | **Private Mobile Phone No:** | + 387 65 960 964 |
| **Personal RE/MAX E-Mail Address:**(if not available please provide personal email address the mean time) | bobosasic@gmail.com      |
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| **Date joined RE/MAX:**(dd/mm/yyyy) |       |
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| **Team Status:** | [x]  Individual | [ ]  Team Leader | [ ]  Team Member 1(name Team Leader/TL) |
| 1Team Leader-Name:       | 1TL-iFRANCHISE ID:       |
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| **Specialization:** | [ ]  Residential | [ ]  Residential & Commercial |
| [ ]  Commercial | [ ]  Commercial & Residential |
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| **Current Job Title with RE/MAX:**(Billing Classification: Annual Dues) | [ ]  Broker / Owner | [ ]  Licensed Assistant / Agent in Training |
| [ ]  Principal of Franchise | [ ]  Manager |
| [x]  (Sales) Associate |  |
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| **Current Job Title with RE/MAX:**(Billing Classification: Office Staff; no transactions, no award eligibility) | [ ]  Office Manager | [x]  Office Staff |
| [ ]  Office Administrator |  |
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| **Language(s) Spoken:** | Mother Tongue: | Serbian / Bosnian |
|  | Foreign Language(s): | English |
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| **Education:** | [ ]  High School [x]  University [ ]  Other Degrees held:       |
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| **RE/MAX ANNUAL MEMBERSHIP DUES** |
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| Payable to RE/MAX Regional Office on date of Initial Association and on the same date each year after. |
| **Currency:**      | **Amount:**      |
| **Method of Payment:** | [ ]  Cash Based  | [ ]  Bank Transfer | [ ]  Credit Card ² ³ |
| ² Type: | [ ]  Master Card | [ ]  Visa | [ ]  American Express | [ ]  EuroCard |
| ³ Credit Card #:      | Date of Expiry (dd/mm/yyyy):      |
| Note: Annual Dues are **non-refundable**! No Dues required for Office Staff. |
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|  | Signature Office Owner / Manager |  | Signature Affiliate |  |
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|  | Name: |       |  | Name: |       |  |
|  | Date: |       |  | Date: |       |  |
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