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: | | | New Affiliate | | | | | | |
| **First name(s):** | Boban | | **Last name:** | | | | Sašić | | |
| **Date of Birth:**(dd/mm/yyyy) | 23/01/1987 | | Female | | | | 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) |  | | | | | | | | |
|  | | | | | | | | | |
| **Team Status:** | Individual | Team Leader | | | | Team Member 1(name Team Leader/TL) | | | |
| 1Team Leader-Name: | | | | | 1TL-iFRANCHISE ID: | | | |
|  | | | | | | | | | |
| **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 | | | | |
| (Sales) Associate | | | |  | | | | |
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| **Current Job Title with RE/MAX:** (Billing Classification: Office Staff; no transactions,  no award eligibility) | Office Manager | | | | 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  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 | |  |
|  | | | | | | |
|  | Name: |  |  | Name: |  |  |
|  | Date: |  |  | Date: |  |  |
|  |  | |  |  | |  |