

I, _____
(Broker – please print)

AND, _____
(Applicant – please print)

OF, _____
(Office Name – please print)

Hereby make application for exemption from the monthly assessment (all OREA & CREA Quarterly dues are still applicable and payable) for a period of 52 weeks to commence on:

In order to be effective for any given month the completed application must be received at the Association office no later than the 15th of the month – failing which the exemption will be processed on the 1st of the following month.

From time to time, it is necessary to correspond with the Applicant during his/her exemption. Please provide his/her home address in the space below:

Address : _____
City : _____ Postal Code : _____
Email : _____

It is clearly understood and agreed that the Applicant will not be engaged in real estate activities which includes listings, selling, showings, etc. in any manner whatsoever during the period of this exemption and any breach of this provision will be dealt with by the Professional Standards Committee. It is also noted and understood that there will be no access to Matrix during Maternity Exemption.

Signature of Broker

Date

Signature of Applicant

Date

IMPORTANT

Although you will be on medical exemption, you are not exempt from the requirements of RECO's Mandatory Continuing Education Program. You must complete your mandatory real estate education in each two-year registration cycle.

You are also responsible to pay your OREA & CREA Quarterly dues for the months you are on exemption.

A REALTOR® on exemption **will not** receive any services from MLS® (including but not limited to MLS® System/Matrix, Supra, Geo Warehouse, WebForms®, Showing Time etc.), nor will a REALTORS® name appear in the Roster. This is effective the date that the exemption application is approved and received at the Board.