

BRANCH INFORMATION		PRINT CLEARLY PLEASE		
Registered Office Name:	_____			
Main Office Name:	_____			
Broker's Name:	_____			
Branch Office Address:	_____			
	City	Province	Postal Code	
	_____	_____	_____	
Office Web Address/Email:	_____			
	Telephone:	Fax:		
	_____	_____		
Branch Office Registration:	_____			
	(attach a copy of Branch registration from RECO)			

I acknowledge and agree that the signing of this form constitutes my consent to the collection, use and disclosure by the London and St. Thomas Association of REALTORS® (LSTAR) of the information submitted in this Branch Office Detail Sheet and any other personal information about me collected by LSTAR during the course of my membership.

I understand that the collection, use and limited disclosure of any personal information will only be for the purposes of fulfilling LSTAR's mandate, including the provision of services, products and information to me by LSTAR, or any organization authorized by LSTAR, and only in a manner consistent with LSTAR's Privacy Policy, a copy of which has been provided or otherwise made available to me.

Subject to applicable laws and with specific exceptions to protect the privacy of third parties, I understand that I may access my personal information held by LSTAR and may submit comments on or corrections to such information for inclusion with my personal information.

I have provided all information truthfully on this entire form and I agree to conform to all the requirements and obligations of the London and St. Thomas Association of REALTORS®. I hereby consent to the verification of any or all of the above given information.

Broker's Signature: _____

CREDIT CARD INFORMATION	Branch Fee - \$250.00 + \$32.50 HST = \$282.50		
Card Type:	Visa	MasterCard	AMEX
Name of Cardholder:	_____		
Billing Address on Card:	_____		
<i>Billing Address assigned to Card is MANDATORY to process payment</i>	<i>Street</i>		
	<i>City</i>	<i>Province</i>	<i>Postal Code</i>
	_____	_____	_____
Contact for Payment:	_____		
Phone Number:	_____		
Date:	Signature:	_____	
_____	_____		