

Application Form-Retired Members

Demographic Information

| | me of Applicant: | | | |
|--------------------------|--|--------------|---|--|
| NBAREA ID number: | | | | |
| Effe | ective Date of Retirnement | Month: | Day: | Year: |
| Cor | ntact Information | | | |
| Ma | iling Address | | | |
| | Street: | | | |
| City: Province/State: | | Postal Code: | | |
| Telephone: | | | | sstar couc. |
| | Email: | | | |
| | ired Member Decla eby confirm that, as of the e | | ted above: | |
| | I will no longer be active or provide professional services in any aspect of real estate appraising, consulting, or co-signing of reports; | | | |
| | I no longer receive any fees or wages from any activity connected with real estate appraising, consulting, or co-signing of reports; | | | |
| | I agree to include the word "Retired" with any reference I make to my designation; | | | |
| | I understand and agree that if I apply for reinstatement at a later date, I must fulfill all reinstatement requirements in effect at the time of my application for reinstatement, including: | | | |
| | • | • | uing professional develop ding application/reinstate | ement requirements ement fees, and any outstanding |
| | Compliance with or completion of any outstanding sanctions understand and agree that if I apply for reinstatement at a later date, I am not authorized not practice real estate appraisal in the province of New Brunswick or hold myself out as qualified to practice real estate appraisal in New Brunswick until the Registrar has confirmed that I am registers as a member of the New Brunswick Association of Real Estate Appraisal. | | | |
| | Signature: | | | |