



Applicant Name:		Referred to CABB by:	
Company:		Have you previously held CABB membership? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year last held:
Address:		City:	State:
Zip Code:	County:	Email:	
Phone:	Fax:	Website:	

**Mandatory Requirement to Maintain Active CABB Membership Status:**

Completion of CABB 101 Introduction to Business Brokerage (2 Day Course) **within 9 mos.** of joining CABB. As part of the application process, please indicate when / where you will be taking these courses by checking one of the corresponding boxes for CABB 101:

**NEW!** All CABB broker members will automatically get IBBA membership. CABB will share your information with IBBA in order for IBBA to set up your IBBA membership and you will receive welcome emails from IBBA. By completing this application, you acknowledge receipt of this notice and your agreement to the same. If you do not wish to activate your IBBA membership, then Check this box.  **Do not share my information with IBBA.**

**Corporate Individual Annual Dues: (Please select desired option)**

- Option 1:** Annual Membership Dues & CABB 101 (\$325 - Dues + \$149 - CABB 101) **\$474.00**  
*Includes CABB 101 course fee. New members are required to pay for CABB 101 and pass the course **within 9 mos.***
- Option 2:** Annual Membership **PLUS** CABB 101 (\$149) & CABB 201 (\$199) Registration **\$673.00**  
*Includes CABB 101 & 201 course fee.*

*Note: Membership dues are prorated. Call CABB Office for Dues Amount if joining after April 1st (866-972-2220).*

**TOTAL DUES: \$ \_\_\_\_\_**

**CABB Education** - Please visit: [www.cabb.org/courses](http://www.cabb.org/courses) for CABB Education Schedule and select your desired course location and date(s):

**CABB 101 - Date:** \_\_\_\_\_ **Location:**     NorCal     SoCal

**CABB 201 - Date:** \_\_\_\_\_ **Location:**     NorCal     SoCal

Make check payable to CABB and mail to: **CABB, 4747 N. First, Suite 140, Fresno CA 93726**

Pay by credit card and fax to 559-227-1463

Card Type:     Visa     MasterCard     AMEX

Card Number:	EXP:	Security Code:
Cardholder's Name:		
Billing Address:	City:	State:



Please list, as you would like it to appear on our roster/web site:

Name:

Business Name:

Address: (if different from front page) City: State: Zip Code:

If Applicable: Owner Partner, Broker, Sales Person. My firm is: Franchised, Independent, Chain Unit. Real Estate License # (required) Expiration Date: Has your license ever been suspended or revoked?

Home Address: City: State: Zip Code:

BUSINESS HISTORY: Please start with PRESENT employer or business and review past 10 years employment. Is your present occupation business brokerage? Table with columns: From/To, Date, Employer, City/State, Position.

EMPLOYMENT/BUSINESS REVIEW: My present professional skills are: I have consulting experience in the following business areas: In addition to English, I can communicate in the following languages: I have personally owned and operated the following types of businesses:

How did you find our about CABB? Website, Fellow Broker, IBBA, Chapter Meeting, Other



**CABB INVOLVEMENT:**

Please send me more information regarding serving on one of the CABB committees

- Education       Workshop       Conference       Public Relations
- Website       Governmental Affairs

Other Areas of interest? \_\_\_\_\_

**Education Information** (Including seminars or courses monitored)

Start with your most current:

Name of school or course

\_\_\_\_\_

\_\_\_\_\_

Degrees/Certificates/Awards/Honors received:

\_\_\_\_\_

\_\_\_\_\_

I have taught the following classes or seminars:

\_\_\_\_\_

\_\_\_\_\_

What business licenses or professional designations do you current possess?

\_\_\_\_\_

Have you ever appeared in court as an witness? If yes, what is your area of expertise?

\_\_\_\_\_

**AGREEMENT**

- 1. I have received, read and, if approved for membership, agree to abide by the By-Laws, Code of Ethics, Rules and Regulations of the California Association of Business Brokers and all future amendments thereto.**
- 2. I authorize the membership committee to verify the information herein.**
- 3. I understand the described herein will pay my dues through December of the current year. Next year's dues will be due in January. Annual dues are determined by the CABB Board of Directors.**
- 4. Dues must be paid in full by January 31st each year in order to maintain membership privileges.**
- 5. I understand that membership in CABB is on an individual basis rather than a brokerage basis.**

\_\_\_\_\_  
Signature of Applicant (Handwritten Signature Only Please)

\_\_\_\_\_  
Date