California Association of Business Brokers
2016 Membership Application
Licensed Salespersons or Brokers

Applicant Name: _____

Company: _____

REFERRED TO CABB BY:

_____

Address: _____

City/State/Zip: _____ County: _____

Phone: _____ Fax: _____

E-mail: _____ 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 :

Annual Dues: (Please select desired option)

☐ **Option 1:** Annual Membership Dues & CABB 101 ($276 - Dues + $149 - CABB 101) **$425.00**
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 **$624.00**
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).

Have you previously held CABB membership? ☐ YES ☐ NO
Year last held: _____

TOTAL DUES: $_____

CABB Education - Please visit: **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

Name as it appears on card _____

CARD # _____ Exp. Date: _____

Card Type: ☐ Visa ☐ MasterCard ☐ AMEX Security Code (CCV): _____

Credit Card Billing Address: (if differs from address above)

_____

City: _____ State: _____ Zip: _____

CALIFORNIA ASSOCIATION OF BUSINESS BROKERS APPLICATION FOR MEMBERSHIP
& ROSTER OF EXPERIENCE

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

NAME: _____

BUSINESS NAME: _____

MAILING ADDRESS (if different from front page)

_____

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? ☐ No ☐ Yes If "yes," explain on separate sheet.

HOME ADDRESS: _____
Address City/State/Zip

BUSINESS HISTORY:
Please start with PRESENT employer or business and review past 10 years employment.
Is your present occupation business brokerage? ☐ No ☐ Yes How Long? _____

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 out about CABB?

☐ Website ☐ Fellow Broker ☐ IBBA ☐ Chapter Meeting ☐ Other

CABB INVOLVEMENT:
Please send me more information regarding serving as 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 expert 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