



WPBOR USE ONLY	
Orientation	_____
Date	_____
Paid \$	_____
Check #	_____
Visa	_____ MC _____
Member #	_____

REALTOR®

Membership Application

Membership Type:

____ REALTOR®
 ____ Designated REALTOR®

Type:

____ New
 ____ Reinstatement
 ____ MLS only (PrimaryAssoc.)

Information required for Designated REALTOR® Applicant Only:

DBPR License # _____
 ____ Individual
 ____ DBA
 ____ Partnership
 ____ Corporation

MLS Password Access-See Attached

____ SafeMLS Activation Fee - \$35

First MI Last _____ Nickname _____

Address _____

City, State, Zip _____ MLS Pref Phone # _____

Home Phone # _____ Cell # _____ Fax # _____

SS# _____ Male _____ Female _____ Birthdate _____

Firm Name & Address _____

_____ Firm Phone # _____

Fax # _____ Ext _____ Your RE Lic # _____ *NRDS # _____

*NRDS # from another Association Membership

E-Mail _____ Website _____

Drivers License # _____ State _____

1. Have you ever been a member of an Association of REALTORS® ? Yes _____ No _____

2. If yes, name of association & date _____

3. Membership dues paid for current year to other Association of REALTORS® Yes _____ No _____

4. Transfer of membership? Yes _____ No _____ OR Secondary Membership Yes _____ No _____

5. Real Estate Specialty (Check One) Residential _____ Condo _____ Commercial _____ Property Management _____

Other Specialty _____

6. Professional Designations _____

7. Prior Occupation/Special Skills _____

Membership Disclosure Information: Completion of this application and nonrefundable payment of ALL applicable fees may activate WEST PASCO BOARD OF REALTORS® and MLS services. All applicants are required to complete the Orientation Course the first or second time that it is offered after application is turned in. Failure to attend Orientation may result in suspension of services pending fulfillment of Orientation requirement. Payment amount includes membership in WEST PASCO BOARD OF REALTORS®, the Florida Association of REALTORS® and the National Association of REALTORS®. Upon payment of Membership Dues and subsequent annual dues, I agree to abide by and agree to continue my commitment to abide by the Code of Ethics, Bylaws and Constitution, Rule and Regulations, duty to arbitrate as from time to time amended, all terms and conditions of Association Membership. I understand that by providing my mailing address, email address, telephone number and fax number, I consent to receive communications sent by or on behalf of WEST PASCO BOARD OF REALTORS® and its subsidiaries and affiliates via regular mail, email, telephone or fax.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Applicant Signature _____ Date _____

I authorize the above REALTOR® applicant to have data input/edit ability in the Association Multiple Listing Service.

Broker _____ Date _____