



5409 SUNSET ROAD | NEW PORT RICHEY, FL 34652  
T: 727.848.8507 | F: 727-845.4937 | WPBOR.COM

## BUSINESS PARTNER MEMBERSHIP APPLICATION

I, the undersigned, hereby make application for Business Partner Membership in the West Pasco Board of Realtors, and if approved, I will observe and abide by the constitution and bylaws.

Business Partner Membership: Business Partner Members shall consist of real estate owners or other individuals who, while not engaged in the real estate business, nevertheless have interest requiring information concerning real estate, and are in sympathy with the objects of the board. Business Partner's members shall have the privilege of attending meetings of the board and to participate in the discussions and activities thereof, but shall not have the right to vote, to hold elective office or to use the title of "REALTOR®".

DO YOU HAVE AN ACTIVE REAL ESTATE LICENSE IN FLORIDA? \_\_\_\_\_

FIRM INCLUDES ONE "DESIGNATED" BUSINESS PARTNER" | BUSINESS SPECIALTY \_\_\_\_\_

**Premium Business Partner: \$750.00 Annually—Includes 24x60 Banner which is hung in Sunset Room**

**Designated Business Partner: \$250.00 Annually. Pro-rated to \$20.83 per month**

PLEASE TYPE OR PRINT:

DESIGNATED BUSINESS PARTNER'S NAME FIRM NAME

BUSINESS ADDRESS CITY ZIP

BUS. PHONE # CELL# FAX# EMAIL ADDRESS

WEBSITE ADDRESS REFERRED BY  
(\$50.00 PER ADDITIONAL ASSOCIATE BUSINESS PARTNER) These fees are not pro-rated.

ASSOCIATE BUSINESS PARTNER'S NAME EMAIL ADDRESS CITY STATE ZIP

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Business Partner Membership dues begin January 1st thru December 31st. Please note: this application must be filled out and returned with your payment. Payment received without an application cannot be processed and will be returned.

For industry related services that need access to MLS Properties: SUPRA KEY:  YES  NO  
Note: Copy of Driver License required if you are purchasing a Supra Key.

**Please Choose One:**  Check (# \_\_\_\_\_)  Master Card  Visa  AMEX  Discover

**Total Amount of check or amount to be billed to Credit Card:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_/\_\_\_\_

**Name on Credit Card** (exactly as printed on card)  
\_\_\_\_\_

**Billing Address for Credit Card**  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Credit Card Authorization #:** \_\_\_\_\_

**Date:** \_\_\_\_\_