



5409 Sunset Road
 New Port Richey, FL 34652
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Board Membership Application

Membership Type: <input type="checkbox"/> REALTOR® <input type="checkbox"/> Designated REALTOR® Type: <input type="checkbox"/> New <input type="checkbox"/> Reinstatement	Information required for Designated REALTOR® Applicant Only: DBPR License # _____ <input type="checkbox"/> Individual <input type="checkbox"/> DBA <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	WPBOR USE ONLY Orientation: _____ Date: _____ Paid \$: _____ Check #: _____ Credit Card <input type="checkbox"/>
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First MI Last _____ Nickname _____

Address _____

City _____ State _____ Zip _____ FAX # _____

Home Phone # _____ Cell # _____ MLS Pref Phone # _____

Phone Ext. _____ Male _____ Female _____ Birthdate _____

Firm Name & Address _____

_____ Firm Phone # _____

Fax # _____ Your RE License Number _____

E-Mail _____ Website _____

Driver's License Number _____ State _____

1. Have you ever been a member of an Association of REALTORS® in this or another state? Yes No
2. NRDS # from another Association Membership _____ Association Name _____
3. Primary Membership Yes No Secondary Membership Yes No
4. Membership dues paid for current year to other Association of REALTORS® Yes No
5. Real Estate Specialty (Check One) Residential Condo Commercial Property Management Appraiser
 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 and Ethics 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 _____



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Please Choose One: Checks Master Card Visa AMEX Discover

Total amount of checks or amount to be billed to Credit Card: \$_____

Credit Card Number: _____

Exp. Date: ____/____ **Security Code:** _____

Name on Credit Card: (exactly as printed on card)

Billing Address for Credit Card:

Signature:

Credit Card Authorization # (For Board Use Only):

Date: _____