

5409 Sunset Road New Port Richey, FL 34652 T: 727-848-8507 F: 727-845-4937 lindy@wpbor.com lindsay@wpbor.com

Board Membership Application

Membership Type: ☐ REALTOR® ☐ Designated REALTOR® Type: ☐ New ☐ Reinstatement Name: First MI Last Address City		Orientation: Date: Paid \$: Check #: Credit Card dickname
Home Phone # Cell #		
Birthdate	Your RE License Number	
E-Mail Website		
Driver's License Number	State	
Firm Name & Address		
Firm Phone #	Firm Fax #	
4. Membership dues paid for current year to other Association. 5. Real Estate Specialty (Check One) Residential	Association National Nation	anagement Appraiser Pefundable payment of ALL applicable All applicants are required to complete urned in. Failure to attend Orientation and rement. Payment amount includes of REALTORS® and the National t annual dues, I agree to abide by and
arbitrate as from time to time amended, all term my mailing address, email address, telephone is behalf of WEST PASCO BOARD OF REALTOI By signing below, I consent that the REALTO contact me at the specified address, telephone available. This consent applies to changes in a future. This consent recognizes that certain stareceive all communications as part of my member Applicant Signature	as and conditions of Association Menumber and fax number, I consent to RS® and its subsidiaries and affiliators. R® Associations (local, state, nation numbers, fax numbers, email addressontact information that may be provide and federal laws may place limits pership.	mbership. I understand that by providing o receive communications sent by or on es via regular mail, email, phone or fax. nal) and their subsidiaries, if any may ess or other means of communication yided by me to the Association(s) in the
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By taking part in this event, you grant the WPBOR full rights to use any images resulting from the photography and/or video filming for any reproductions or adaptations of the images for publicity, or other purposes to help achieve the mission of the WPBOR. This may include (but is not limited to) the right to use them in printed and digital publicity, social media, press releases, and funding applications.

If you do not wish to be photographed or filmed, please inform an event organizer or the photographer.



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Please contact the West Pasco Board at 727-848-8507 to be given the current fees.
Please Choose One: ☐ Master Card ☐ Visa ☐ AMEX ☐ Discover
Total 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: