



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

## Board Membership Application

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ MLS Pref Phone # \_\_\_\_\_

Birthdate \_\_\_\_\_ Your RE License Number \_\_\_\_\_

E-Mail \_\_\_\_\_ Website \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Firm Name & Address \_\_\_\_\_

Firm Phone # \_\_\_\_\_ Firm Fax # \_\_\_\_\_

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 the 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, phone 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 \_\_\_\_\_

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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## Credit Card Authorization Form

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: \_\_\_\_\_