



For BNAR use only:

Member # _____

NRDS # _____

Public ID _____

INSTITUTIONAL MEMBERSHIP APPLICATION

Choose a password up to 8 alphanumeric characters: _____ please print clearly

Mr. [] Mrs. [] Ms. [] Miss []

Name: _____ Broker Code: _____

Company Name: _____

Company Address: _____ Zip Code: _____

Company Phone: _____ Company Fax: _____

Home Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Direct Line: _____ Date of Birth: _____

Voice Mail: _____ Cell Phone: _____

E-Mail Address: _____ Website Address: _____

Unique ID Number: _____ Expiration Date: _____

Foreign Language (s) that I speak _____

I hereby apply for INSTITUTIONAL membership in the Buffalo Niagara Association, Inc., enclosing my check in the amount of \$_____, which is to be returned in the event of non-approval. I agree to familiarize myself with and abide by the Constitution and Bylaws of the Association. Upon termination of said membership for any cause, I will return to the Association all certificates, signs, seals or other indications of membership in the Buffalo Niagara Association of REALTORS®, Inc.

Reasons why you wish to hold Institutional Membership in above names Association: _____

I HEREBY SUBMIT THE ABOVE TO YOU FOR CONSIDERATION:

Applicant's Signature: _____

I prefer any and all mailings at my: [] Home [] Office

THERE ARE NO REFUNDS OF DUES OR FEES

