

## REALTOR-ASSOCIATE® MEMBERSHIP APPLICATION

For BNAR use only:
Member #
NRDS #
Public ID

$Mr. \left[ \begin{array}{c} \\ \end{array} \right] Mrs. \left[ \begin{array}{c} \\ \end{array} \right] Ms. \left[ \begin{array}{c} \\ \end{array} \right] Miss$	[ ]				
Name:		Broker Code:			
Company Name:					
Company Address:		Zip Code:			
Company Phone:	Company	Company Fax:			
Home Address:	City:	Zip Code:			
Home Phone:	Direct Line:	Date of Birth:			
Voice Mail:Cell Phone:					
E-Mail Address:					
Real Estate License/Unique I	D Number:	Expiration Date:			
Foreign Language (s) that I s	peak				
and if required, I further agree to sa Rules, and Regulations. I consent comment about me from any mem person in response to the invitatio defamation of character. I FURTHER UNDERSTAND, CON	s and Regulations of the above named Association tisfactorily complete reasonable and non-discriming that the Association through its MEMBERSHIP CO ber or other person, and I further agree that any in shall be conclusively deemed to be privileged a NSENT AND AGREE, THAT AS A CONDITION OURSE WITHIN 60 DAYS OF THIS APPLICATION	natory written examination MMITTEE or otherwise, reinformation and commer and not form the basis of the MEMBERSHIP, I WI	n on such Code, Constitut nay invite and receive info at furnished to the Associ any action by me for sla	tion, By-laws, ormation and ation by any nder, libel or	
I have taken the following Real I		ON.			
School:			Date Completed		
		Date Completed			
Real Estate Brokers with whom	I have been associated:		•		
Broker:		From	To		
Broker:		From	To		
I HEREBY SUBMIT THE ABOVE	TO YOU FOR CONSIDERATION:				
Applicant's Signature		Date			
DESIGNATED REAL TORS® STATE	MENT:				

I hereby request that the application of the individual who signed for membership in the Buffalo Niagara Association of REALTORS® be favorably acted upon. I hereby assume the responsibility of notifying the Buffalo Niagara Association of REALTORS® if the individual is terminated or in the event the activities of this individual do not conform to the By-laws of the organization. A COPY OF YOUR ASSOCIATE'S LICENSE (NOT POCKET CARD) AND MLS SERVICE FEE (IF APPLICABLE) MUST ACCOMPANY THIS APPLICATION.

**DESIGNATED REALTORS® SIGNATURE** 

\* THERE ARE NO REFUNDS OF DUES OR FEES\*

