



For BNAR use only:

Member # _____

NRDS # _____

Public ID _____

***INSTITUTIONAL MEMBERSHIP
APPLICATION***

Mr. Mrs. Ms. Miss *Fields in Yellow are required

Name: _____ Broker Code: _____

Company Name: _____

Company Address: _____ City: _____ Zip Code: _____

Company Phone: _____ Company Fax: _____

Home Address: _____ City: _____ Zip Code: _____

Gender Male Female Date of Birth: ____/____/____ Home Phone: () ____ - ____

Cell Phone: () ____ - ____ Accepts Texts Yes No Direct Line: () ____ - ____

E-Mail Address: _____ Website Address: _____

NYS License Number: _____ Expiration Date: ____/____/____

Foreign Language (s) that I speak _____

I hereby apply for INSTITUTIONAL membership in the Buffalo Niagara Association, Inc., enclosing my check or credit card form for my dues. This fee will 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

