



ST. LAWRENCE COUNTY BOARD OF REALTORS® , INC.

15 Main Street Canton, NY 13617
Voice (315) 379-1439 Fax (315) 782-3541
Website: <http://www.slcmmls.com>
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APPLICATION FOR MEMBERSHIP

(Rev. 12/2010)

Please accept my application for membership as an affiliate member of the St. Lawrence County Board of REALTORS®, Inc. My check for the remainder of the year’s Board dues accompanies this application. *(Note: Application is not complete until the dues are paid.)*¹

I authorize the Board to gather information and comments from any member or other person regarding my suitability for membership. I agree that any such information will be used solely for the purpose of determining membership status and will not form the basis of any action by me against the Board.

I understand that, unless I indicate otherwise, I give permission for the Board Office to contact me by mail, fax, phone, and e-mail using the information supplied. Further that the Board may share this information with the National Association of REALTORS® and the New York State Association of REALTORS®.

I, _____, hereby submit the following information for your consideration.

FIRM STATUS

Position: _____ Years held: _____

Firm Name: _____

Firm Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Fax Number: (____) _____

Email Address: _____ Website Address: _____

Check One: _____ Individual _____ Partnership _____ DBA _____ Corporation

Do you presently hold a real estate license? _____ No _____ Yes

If Yes, License Number: _____ Issuing State _____

¹ Application and payment need to be postmarked by the last day of the month and sent to St. Lawrence County Board of REALTORS®, Inc., c/o Jefferson-Lewis Board of REALTORS®, Inc., 210 Court Street Suite 112 Watertown, NY 13601 to be considered at the next month’s Board of Directors meeting. If not sent by then, processing will be delayed until the following month.

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PERSONAL DATA

* Denotes mandatory to answer.

*Name as it should appear on the roster: _____

Nickname: _____ Soc. Sec #: _____

Home Address: _____

Home Telephone: (_____) _____ Cell Phone: _____

*Mail sent to: _____ Home Address _____ Business Address

*When did you first enter this real estate related business? _____

*Have you been continually engaged in the business since that date? _____ Yes _____ No

Are you currently a member of any other trade or professional association(s) ?

_____ Yes _____ No

If so, please list _____

Have you ever been active in a multiple listing service? _____ Yes _____ No

Signature

Date

Please mail Association dues check with this application to:

St. Lawrence County Board of REALTORS®, Inc.
c/o Jefferson-Lewis Board of REALTORS®, Inc.
210 Court Street, Suite 112
Watertown, NY 13601

The application must be postmarked by the day of the month to be considered at the next month's Board of Director's meeting. Any postmarked after then will be delayed one month.