

Name as you want to appear in Roster: _____
(Last) (First) (Initial)

*Home Street Address: _____

(City) (State) (Zip Code)

Mailing address: _____

(City) (State) (Zip Code)

(Cell Phone or Pager) (Home Phone include Area Code)

E-Mail Address: _____
Please print clearly

Real Estate License #: _____

State Position with firm: ____Principal ____Partner ____Corporate Officer
____Trustee ____Employee ____Independent Contractor
____Other (If "Other", Explain): _____

Have you previously held membership in any other real estate association? ____Yes ____No

If yes, please furnish your NRDS# _____

Name of previous Association: _____

REALTOR® Association Marketing Consent Form

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Email: _____

I understand that by providing above my mailing address, email address, telephone and fax numbers, I consent to receive communications sent from Baldwin County Association of REALTORS® via U.S. mail, email, telephone or facsimile at the number/location above.

Signature: _____

Date: _____

I hereby certify that the foregoing information furnished by me is true and correct and I agree that failure to provide complete and accurate information as requested or any misstatement of fact, shall be grounds for revocation of my membership if granted.

Signed: _____

(Applicant)