

**TOPSAIL ISLAND ASSOCIATION OF REALTORS, INC.
NEW FIRM APPLICATION**

FIRM APPLICANT INFORMATION

Name of FIRM as shown on NCREC License:

Firm License Number:

Firm NRDS Number:

Firm Address:

City:

State:

ZIP Code:

Firm Website:

Firm Phone:

Firm Fax:

BROKER IN CHARGE INFORMATION

Name of BIC:

Home Address:

Phone:

BIC License Number:

BIC NRDS Number:

ZIP Code:

BIC Email:

List any Designations (ABR, GRI, REALTOR):

FIRM'S MEMBERSHIP REQUEST

Membership *(Please circle)*: Primary Secondary

IF SECONDARY MEMBERSHIP

Name of Firm's Primary Board:

City & State:

Email:

Phone:

INFORMATION OF ANY OTHER FIRM BROKER IN CHARGE IS AFFILIATED WITH

Name of Firm:

Firm Address:

Phone:

Broker In Charge:

E-mail:

Fax:

City:

State:

ZIP Code:

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NEW FIRM APPLICATION**

ASSOCIATION OFFICE USE ONLY

Total Amount Due:	Firm Fee: \$1500	
Date Fees Paid:	Additional Office Fee: \$200	

TO PAY BY CREDIT CARD

Card Number:	Card Type: VISA MASTERCARD
Expiration Date:	Name on Card:
Billing Address:	

SIGNATURES

1. As BIC of the above Firm, I agree that all Agent's within my Firm are to abide by the Code of Ethics, By Laws, and Rules/Regulations of Topsail Island Association of REALTORS, the State Association, as well as the National Association.
2. As BIC of the above Firm, I acknowledge failure to promptly pay all established fees, dues, and assessments will terminate the Firm's membership. If credit card information is given, by signing this application I give TIAR authority to charge my card the amount of my membership fee, monthly MLS fees, annual dues, and any other fees that may apply.

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. I further agree that, if accepted for membership in the Board, I shall pay all fees and dues promptly.

Signature of Broker In Charge:	Date: