

Pearl River County Board of REALTORS®

104 Kirkwood Street, Suite B
Picayune, MS 39466

AFFILIATE Application for Membership

Name as you want it to appear on Roster: _____
(please print)

Tax I.D. Number: _____

Office Name: _____

Office Address: _____
(Street) (Suite or P.O. Box)

(City) (State) (Zip)

Office Phone: _____ Office Fax: _____

Office E-Mail: _____ Office Website: http://_____

Cell Phone: _____ Cell Phone Provider: _____

E-Mail Address: _____

Other Phone/Page: _____

Website address: http:// _____

1) Check whether: Individual DBA Partnership Corporation LLC

2) Are you actively engaged in the real estate business? Yes No

3) Do you hold yourself out in the general public as being actively engaged in the real estate business? Yes No

4) State the names and titles of all the other principals, partners, or corporation officers at your firm.

(Name)

(Title)

(Name)

(Title)

5) Is the office address, as you stated on this application, your principal place of business?

Yes No

6) Are you currently a member of another ASSOCIATION OF REALTORS® or have you held membership in another board or association within the past 3 years? Yes No

If "yes" list each board and association where membership was held

7) Do you hold, or have you held, a real estate license in any state? Yes No

If "yes" please specify name, state, and license number _____

8) Has your real estate license, in any state, been suspended or revoked? Yes No

If "yes" specify the place(s) and the date(s) of such action, and detail the circumstances relating thereto (attach separate sheet if necessary): _____

9) Are there now any pending or unresolved complaints, or have there been within the past 3 years, any complaints against you or the firm with which you have been associated with before any real estate regulatory agency or any other agency of government?

Yes No

If "yes" specify the substance of each complaint in each state, the agency before which complaint was made, and the current status of resolution of such complaint: (attach separate sheet if necessary): _____

10) Have you ever been convicted of a felony? Yes No

If "yes" give detail including state and court of conviction: (attached separate sheet if necessary): _____

11) Place of Birth: _____ Date of Birth: _____
(City or County) (State) (Country)

12) Time Established in Present Location: _____

13) Board Committees you would be interested in serving (*check all that apply*):

- | | |
|---|---|
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Governmental Affairs | <input type="checkbox"/> Social Task Force |
| <input type="checkbox"/> Scholarship | <input type="checkbox"/> Coalition for Community Excellence |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Facilities Management |

NOTE: Applicant acknowledges that if the applicant or any firm in which the applicant is a sole proprietor, general partner or corporate officer is involved in any pending bankruptcy or insolvency proceedings, or has been adjudged bankrupt in the past three years, the Board may require, as a condition of membership, that the applicant pay cash in advance for Board fees up to one year from the date that membership is approved, or from the date that the applicant is discharged from bankruptcy (whichever is later) or, in the event that bankruptcy proceedings are initiated subsequent to obtaining membership in the Board, that the member may be placed on a "cash basis" from the date that bankruptcy is initiated until one (1) year from the date that the member has been discharged from bankruptcy.

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 pledge myself to abide by the **Pearl River County Board of Realtors MLS Rules and Regulations and the Pearl River County Board of Realtors Bylaws and Policies and Procedures**. If accepted for Membership in the Board, I shall pay all fees and dues associated with my membership.

(Date)

(Signature)