

Questions? Please contact: caitlin@seacoastboard.com (603) 433-9990.

I hereby apply for Affiliate Membership in the Seacoast Board of REALTORS®. I hereby submit the following information for your consideration: Name: MLS# if applicable: Office Name: Office Address: Office Telephone: Business E-Mail: Personal E-Mail: _____ Cell Phone: _____ Home Address: ______State: ______Zip: _____ Are you presently a member of any other Association of REALTORS®?

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No If "yes," name of Association and NRDS#: Signature: _____ Date: _____ Please choose one: □ YES, I want to receive Broker Open House broadcast emails. □ NO, I do not wish to receive Broker Open House broadcast emails. 2024 Dues (contact board for prorated amount) and one time application fee must be paid prior to activation of membership Please choose one: □ Check mailed to 210 Commerce Way, Suite 200 Portsmouth, NH 03801 □ Call me for payment □ Card info below, Please charge my credit card: \$_____ Keep this card on file \(\text{Yes} \) No Card # _____- ___ Exp date: ___/__ Sec code: _____ Signature: Date: Ouestions? Contact: caitlin@seacoastboard.com

Please notify the Seacoast Board of any demographic changes, (address, email, agency, etc.)