



Designated Broker Branch Manager

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

Office Name: _____
Office Address: _____
Office Telephone: _____ Business E-Mail: _____

Business Structure: Sole Proprietor DBA Partnership Corporation

Your Position: Principal Partner Corporate Officer Branch Office Manager

Names of other Partners/Officers of your firm: _____

Is your office presently a member of any other Association of REALTORS®? Yes No
If "yes," name of Association and NRDS#: _____

Have you ever been refused membership in any other Association of REALTORS®? Yes No
If yes, state the basis for each such refusal and detail the circumstances related thereto:

Do you hold, or have you ever held, a real estate license in any other state? Yes No
If so, where: _____

Have you or your firm been found in violation of state real estate licensing within the last three years? Yes No
If yes, provide details: _____

Is the office address, as stated above, your principal place of business? Yes No
If not, or if you have any branch offices, please give addresses: _____

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 misstatements 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 the fees and dues as from time to time established. Note: Payments to the Seacoast Board of REALTORS® are not deductible as a charitable contribution. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below, I consent that the REALTOR® Associates (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Signature: _____ Date: _____