



**PUBLIC SERVICE MEMBERSHIP APPLICATION**

**Public Service Members shall be real estate owners and other individuals or firms who while not engaged in the real estate profession as employees of educational, public utility, governmental or other similar organizations, but are not engaged in the real estate profession on their own account or in association with an established business.**

To the Southeastern Indiana Board of REALTORS® 218 Fourth St., Aurora, IN 47001. I hereby apply for PUBLIC SERVICE Membership in the above named Board and enclosing my check in the amount invoiced.

\* Amount on invoice shown is prorated according to month joining. I hereby submit the following information for your consideration:

Name: \_\_\_\_\_

Office Name:

Office Address:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Residence Address:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred Mailing: [ ] Home [ ] Office Preferred Phone: [ ] Home [ ] Office

Are you presently a member of any other Association of REALTORS®? [ ] Yes [ ] No

If yes, name of Association and type of membership held:

\_\_\_\_\_ Have you previously held membership in any other Association of REALTORS®? [ ] Yes [ ] No If yes, name of Association and type of membership held: \_\_\_\_\_

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 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 Southeastern Indiana Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.



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By signing below I consent that the REALTOR® Associations (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.

Dated:      Signature:

(Optional Information): Date of Birth: \_\_\_\_\_

Specialty: [ ] Residential [ ] Commercial [ ] Resort [ ] International [ ] Other:

Company information: Sole Proprietor   Partnership   Corporation   LLC(Limited Liability Company)

Your position: Principal   Partner   Corporate Officer   Branch Office Manager

Names of other Partners/Officers/ of your firm:

\_\_\_\_\_  
\_\_\_\_\_

Is the Office Address, as stated, your principal place of business? [ ] Yes [ ] No If not, or if you have any branch offices, please indicate and give address:

\_\_\_\_\_  
\_\_\_\_\_

Have you or you firm been convicted, adjudged, or otherwise recorded as guilty by a final judgment of any court of competent jurisdiction of a felony or other crime. If yes, provide details:

\_\_\_\_\_  
\_\_\_\_\_

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Dated:

Signature: