

WEST METRO BOARD OF REALTORS®

154 BANKHEAD HWY
CARROLLTON, GA 30117
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Fax 770.830.0180
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APPLICATION FOR REALTOR® MEMBERSHIP, PAGE 3 FOR COMPANIES

COMPANY INFORMATION: Sole Proprietor Partnership Corporation LLC(Limited Liability Company)

YOUR POSITION: Principal Partner Corporate Officer Branch Office Manager

Name of other Partners/ Officers of your firm:

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: _____

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(s): _____

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 regulations within the last three
years? ____ If yes, provide details: _____

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

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 the fees and dues as
from time to time established. **NOTE:** Payments to the West Metro Board of Realtors, Georgia Association and
National Association are not deductible as an ordinary and necessary business expense. Certain provisions of the Tax
Act regarding lobbying expenses limit the extent to which your National, State and Local dues are deductible. **You are
strongly advised to contact your tax advisor regarding this and all tax-related matters.**

By signing below I consent that the REALTOR® Association (local, state, and 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.

Signed _____ Date _____

