

REALTOR® MEMBER INFORMATION FORM



Information requested on this form will be used for the North Dakota Association of REALTOR® and the National REALTOR® Database System (NRDS). By providing this information, you are ensuring that your personal record is accurate, and that items of importance to you and your real estate business are sent and received in a timely manner. Please remit this form with dues payment.

updated 12/16/20

Fields with an asterisk (*) are mandatory.

Member ID (assigned by WBOR)		*Date				
*Are you a member in another board and/or State?	() Yes () No	*If yes, where?	L			
*Which Board & State Association will be your Primary	?					
*Last Name	*First Name			*Middle Initial		
*Birthdate (mm/dd/yyyy)	*ND Real Estate	License #		*Gender M / F	Your Position: () Broker () Salesperson	
*Office Name					Office Type: () Main () Branch	
*Office Address				Office ID (assign	()	
*Office City/State/Zip +4				*Office Phone (required only for new office applicants)	
*Home Address				*Office Fax (required only for new office applicants)		
*Home City/State/Zip +4				1		
Home Phone		Home Fax				
Cell Phone						
*E-mail		Web site				
Mail Address (if different than home, i.e. PO Box)			Mail City/State/Z	ip+4		
*Preferred Phone:Home	Office	Mail	Cell			
*Preferred Fax:Home	Office					
*Preferred Mail:Home	Office	PO Box				
I hereby apply for membership, enclosing my pay National REALTOR® organizations for the period my non-election).	ment in the amou of(i	unt of \$ month) to	, v (month) , _	vhich is to cover	r my dues in the state and ar) (to be returned in the event of	
I have received a copy of the Bylaws, MLS Rules the Constitution, Bylaws, MLS Rules and Regula these matters when requested.						
I consent that information and comment about privileged and not form the basis of any action by				er, and such in	formation shall be deemed	
Member						
esignated REALTOR®				Date		