



BUSINESS PARTNER MEMBER INFORMATION FORM

Information requested on this form will be used for the North Dakota Association of REALTORS® & Williston Board of REALTORS®. By providing this information, you are ensuring that your personal record is accurate, and that items of importance to you and your business are sent and received in a timely manner.



Business Name		Date	
*Are you a member in another board and/or State? () Yes () No *If yes, where?			
*Which Board & State Association will be your Primary?			
*Last Name		*First Name	
Birthdate (mm/dd/yyyy) / /		Gender M / F	
*Office Name			Office Type: () Main () Branch
*Office Address			
*Office City/State/Zip			*Office Phone (required only for new office applicants)
Names of Contacts at Business: (will receive communications also)			
*E-mail		Web site	
*Preferred Phone: __Home __Office __Mail __Cell			
*Preferred Mail: __Home __Office __PO Box			

I hereby apply for membership, enclosing my payment in the amount of \$ _____, which is to cover my dues in the state and local REALTOR® organizations for the period of _____(month) to _____(month), _____(year).

Signed _____

Date _____