



*REALTOR® ASSOCIATION OF
SOUTHERN MINNESOTA*

Secondary Membership Application

I hereby apply for Secondary Membership in the REALTOR® Association of Southern Minnesota and enclose my check in the amount of _____ which I understand will be refunded in the event I am not accepted to membership. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the REALTOR® Code of Ethics, Constitutions, Bylaws, Rules and Regulations, and duty to arbitrate, all as amended from time to time.

I HEREBY SUBMIT THE FOLLOWING INFORMATION FOR YOUR CONSIDERATION

Name as shown on License: _____

Name as applicant wants it to appear: _____

License #: _____ Broker/Salesperson

Firm Name: _____ Phone # _____

Firm Address: _____

City: _____ State/Zip Code: _____

Firm Fax: () _____ EMAIL Address: _____

Home Address: _____

City: _____ State/Zip Code: _____

Home Phone: () _____ Previous Firms: _____

My Primary REALTOR® Association is: _____ Member # _____

Would you like to receive association communications and publications sent via fax, mail, and e-mail?
_____yes _____no

I hereby certify that the information furnished by me is true and correct.

Applicants Signature

Date of Application