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 Phone: 912.354.1513 Fax: 912.354.1751  
[www.savannaharearealtors.com](http://www.savannaharearealtors.com)  
 Email Membership: [membership@savannahboardofrealtors.com](mailto:membership@savannahboardofrealtors.com)

**REALTOR® MEMBERSHIP APPLICATION**  
**PLEASE PROVIDE A COPY OF YOUR LICENSE POCKET CARD**  
**PRINT CLEARLY OR TYPE**

Applicants Name As It Appears on License \_\_\_\_\_

License Number \_\_\_\_\_ Nickname \_\_\_\_\_

**Check All That Apply**

Primary Membership     Secondary Membership     Supra eKey     MLS Membership

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

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

If different from address above

Preferred Mailing Address:     Home     Office

Preferred Contact Number:     Mobile \_\_\_\_\_     Home \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**(E-Mail address is REQUIRED – Primary Means of Communication)**

Other than English, what language(s) do you speak? \_\_\_\_\_

**FOR USE OF THE SAVANNAH AREA REALTORS® ONLY**

MEMBER ID	NRDS ID	OFFICE ID	ENTERED INTO MMSI	DUES PAID	ORIENTATION
MLS ID#	DR ID	MLS PUBLIC ID	MLS BILLED	MLS EMAILED	

List below any professional designations you hold:

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Are you currently a member of another board or association which is affiliated with the National Association of REALTORS® or have you held membership in another board or association?  
 Yes      No      **(circle one)**

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If "yes," list each board and association where membership was held, type of membership held, and approximate dates of membership.

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Do you hold, or have you ever held, a real estate license under any other state? Yes No **(circle one)**

If yes, please specify name, state, and license number:

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Has your real estate license, in this or any other state, been suspended or revoked? Yes No **(circle one)**

If yes, specify the place(s) and date(s) of such action, and detail the circumstances relating thereto:

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Are there now any pending or unresolved complaints, or have there been within the past 3 years, any complaints against you or the firm which you have been associated before any state real estate regulatory agency or any other agency of government? Yes No **(circle one)**

If "yes", specify the substance of each complaint in each state, the agency before which complaint was made, and the current status or resolution of such complaint: (attach separate sheet if necessary)

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Have you participated in a multiple listing service which is owned and operated by a board or association affiliated with the NATIONAL ASSOCIATION OF REALTORS® within the past three (3) years?

Yes No **(circle one)**

If "yes," list the name of each MLS and the approximate dates of participation.

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Are you a member of an institute, society, or council affiliated with NATIONAL ASSOCIATION OF REALTORS®? Yes No **(circle one)**

If yes, please indicate name of affiliated institute, society, or council:

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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, may be grounds for revocation of my membership, if granted.

Signature \_\_\_\_\_ Date: \_\_\_\_\_