

APPLICATION FOR SECONDARY REALTOR® MEMBERSHIP



REALTORS® Association of Metropolitan Pittsburgh
1427 West Liberty Avenue
Pittsburgh, PA 15226
412-563-5200 * Fax 412-563-0255
www.realtorspgh.com

I hereby certify that I am a current member in good standing of the _____ Board or Association of REALTORS®.

I hereby apply for Secondary REALTOR® membership in the REALTORS® Association of Metropolitan Pittsburgh, enclosing my check in the amount of \$_____dollars, which is non-refundable. In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, and the Constitution, Bylaws, and Rules and Regulations of the Local Association, the State Association, and the National Association.

ARTICLE IV – MEMBERSHIP

Section 6. Secondary Membership shall be individuals who hold their primary membership in another Board/Association which is a member of the National Association of REALTORS® and desire to obtain the services afforded the Members of the Association. They shall be eligible to vote or hold elective office in the Association.

I consent that the Association, through its Membership Committee or otherwise, may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Association by any person in response to the invitation shall be conclusively deemed to be privileged and shall not form the basis of any action by me for slander, libel, or defamation of character.

I hereby submit the following information for your consideration: [] Ms. [] Miss [] Mrs. [] Mr.

Name as shown on license _____

Date License Issued _____ [] (Broker) [] (Salesman) License No. (_____) _____ (Prefix)

Agency Name _____

Office Address _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

(Email Address) _____ (Social Security Number) _____

Office Phone # _____ Office Fax # _____

Residence _____ (Street) _____ (Apt #) _____ (City) _____ (State) _____ (Zip Code) _____ (County)

Home Phone # _____ Home Fax # _____

Send RAMP correspondence via (check one): [] Email [] US Postal Mail (___ Home ___ Office) [] Home Fax

Please charge my credit card: [] MasterCard [] Visa Credit Card Acct. # _____ Exp. Date _____

I understand that by providing above my mailing address(es), email address(es), telephone number(s), and fax number(s), I consent to receive communications sent from the REALTORS® Association of Metropolitan Pittsburgh, the Pennsylvania Association of REALTORS®, and the National Association of REALTORS® via US mail, email, telephone, or facsimile at those number(s)/locations(s).

Date _____ SIGNATURE: (Applicant) _____

BROKER OF RECORD SIGNATURE: _____

Make check/money order payable to: REALTORS® Association of Metropolitan Pittsburgh

REALTOR® is a registered collective membership mark which may be used only by real estate professionals who are members of the NATIONAL ASSOCIATION OF REALTORS® and subscribe to its strict Code of Ethics.