

# APPLICATION FOR AFFILIATE MEMBERSHIP

To the  
Eastern Panhandle Board of REALTORS®  
408 Randolph Street  
Martinsburg, WV 25401

## Section I

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

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Members: \*\*\*

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

\*\*\*Each Additional Membership is \$25.00

I hereby apply for AFFILIATE membership within the Eastern Panhandle Board of REALTORS®, Inc., and enclose my check in the amount of \$\_\_\_\_\_, which I understand, will be returned to me in the event I am not accepted to membership. In the event my application is approved, I agree as a condition to membership to abide by the Bylaws, Rules, Regulations, Policy and Procedures of the Eastern Panhandle Board of REALTORS®, Inc. I further agree that my act of paying dues shall evidence my initial and continuing commitment to abide by the aforementioned Bylaws, Rules, Regulations, Policy and Procedures as from time to time amended. Finally, I consent and authorize the Board, through its Membership Committee or otherwise, to invite and receive information and comment about me from any Member or other person and I agree that any

information and comment furnished to the Board by any Member or other person in response to any such invitation shall be conclusively deemed to be privileged and not form basis of any action by me for slander, libel, or defamation of character.

Applicant acknowledges that the Eastern Panhandle Board of REALTORS®, Inc will maintain a membership file of information, which may be shared with other boards/associations where applicant subsequently seeks membership. This file shall include: previous application for membership; all final findings of violations and violations of membership duties within the past three (3) years; pending complaints alleging violations of membership duties; incomplete or pending complaints alleging violations of membership duties; incomplete pending disciplinary measures; information related to unpaid financial obligations to the board/ association or its MLS.

Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or is expelled from membership in the Board with any complaint(s) pending, the Board of Directors may condition renewal of membership upon applicants verification that he/she will submit to complaint proceeding and will abide by the decision of the Board of Directors; or if applicant resigns or is expelled from membership without having complied with a financial obligation, the Board of Directors may condition renewal of membership upon his/her payment of the financial obligation, plus any costs that have been established previously as due and payable in relation thereto, provided that the obligation and such costs have not, in interim, been otherwise satisfied.

NOTE: Dues payments to the Eastern Panhandle Board of REALTORS® Inc., are not tax deductible as charitable contributions. Portions of such payments may be tax deductible as ordinary and necessary business expenses.

**Section II.**

Would you be interested in joining an EPBR Committee: \_\_\_\_\_Yes \_\_\_\_\_No

If yes, what types of committees would you like to join (Community Service, Social Events, REALTOR®/Affiliate, etc) Current list located on [www.epbr.net](http://www.epbr.net)

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**Section III**

(All applicants must sign)

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 membership, if granted.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Applicant name) (Date signed)



CREDIT CARD PAYMENT FORM

NAME \_\_\_\_\_

PLEASE PRINT

HOME ADDRESS: \_\_\_\_\_

CITY/ST/ZIP \_\_\_\_\_

\_\_\_\_\_  
(Address Where Statement is received)

Phone # \_\_\_\_\_

\_\_\_\_ Master Card \_\_\_\_ Visa \_\_\_\_ Discover \_\_\_\_ AMEX **Security Code** \_\_\_\_\_  
REQUIRED FROM BACK OF CARD

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Amount \$ \_\_\_\_\_ Ethics \_\_\_\_\_ Orientation \_\_\_\_\_ Dues \_\_\_\_\_ Other \_\_\_\_\_

Phone: 304-263-8512/Fax: 304-267-8120