

ALABAMA ASSOCIATION OF REALTORS®
New Member Form for REALTORS® and Salespeople

Please check one:

Designated REALTOR® _____
REALTOR® _____

REALTOR® Associate _____
Salesperson _____

THE FOLLOWING INFORMATION MUST BE FILLED OUT COMPLETELY:

Primary or Secondary member: _____

If Secondary, Primary Board Name: _____

Board Name: _____

Social Security Number: _____

Full Name: _____

Office Name: _____

Office Branch (If applicable): _____

MANDATORY INFORMATION:

Home Address: _____

Home City: _____

Home Zip Code: _____

Home Phone Number: _____

Email Address: _____

Preferred Mailing address: () Home () Office

License Number: _____

*Join Date: _____

*Dues will be calculated based on the join date of member

OPTIONAL INFORMATION:

Nick Name: _____