



## APPLICATION FOR AFFILIATE MEMBERSHIP



1. Send STBOR the following information:

- Completed application form
- A copy of your VI Business license
- The appropriate processing fee
- Check made payable to the St. Thomas Board of REALTOR®, in the amount of 210.00.

If you have any question about the application process, please call STBOR:

Kasima Hodge,  
Association Executive  
PMB 300, 8168 Crown Bay Marina Ste 310  
St. Thomas, VI 00802-5819  
Phone: 1-813-398-2250  
Toll Free: 1-866-598-1440  
Fax: 1-866-542-1418  
Email: [St.thomasboardofrealtors@gmail.com](mailto:St.thomasboardofrealtors@gmail.com)  
Email: [Kasimahodge@aol.com](mailto:Kasimahodge@aol.com)



# APPLICATION FOR AFFILIATE MEMBERSHIP



## APPLICATION FOR ST. THOMAS BOARD of REALTORS® (STBOR) AFFILIATE MEMBERSHIP:

I hereby apply for membership in the St. Thomas Board of REALTORS® (STBOR) \_\_\_\_\_ for Affiliate Membership.  
(Company Name)

If membership is approved, Applicant agrees as a condition to membership to become thoroughly familiar with and abide by the Code of Ethics of the National Association of REALTORS®, including the duty to arbitrate business disputes in accordance with the Code of Ethics and Arbitration Manual of the Board. Applicant authorizes the Board, through its Membership Committee or otherwise, to invite and receive information and comment from any Member or other person, such response to which shall be conclusively deemed to be privileged and not form the basis of any action for slander, libel, or defamation of character.

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_ Fax #(\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Company Web Site Address \_\_\_\_\_

Have you held membership in another Board? \_\_\_\_ (if yes) What Board \_\_\_\_\_

Enclosed is my check for fees in the amount of \$ \_\_\_\_\_.

Business License Number \_\_\_\_\_ Type of Business \_\_\_\_\_

Company information: [ ]Sole Proprietor [ ]Partnership [ ]Corporation [ ]LLC (Limited Liability Company)  
Other, specify \_\_\_\_\_

Your position: [ ]Principal [ ]Partner [ ]Corporate Officer [ ]Majority Shareholder [ ]Branch Office Manager

Names of other Partners/Officers/ of your firm who will be attending Meetings and Functions:  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information on this application 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, shall be grounds for revocation of my membership if granted. I further agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established.

Furthermore, I authorize said board through its representatives to verify these facts through recognized credit or other channels as they deem necessary. **NOTE:** Payments to the St. Thomas Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

Dated: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_