



APPLICATION FOR APPRAISER MEMBERSHIP

1. Send STBOR the following information:

Completed application form
A copy of your VI Business license
The appropriate processing fee

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

Kasima Hodge,
Chief Executive Officer
PMB 300, 8168 Crown Bay Marina Ste 505
St. Thomas, VI 00802-5819

Phone: 1-866-598-1440
Fax: 1-866-542-1418
Email: st.thomasboardofrealtors@gmail.com



APPLICATION FOR APPRAISER MEMBERSHIP

To: St Thomas Board of Realtors

I, _____ hereby apply for
(Name of Applicant)

Appraiser Membership) in the above named Board, and enclose my check in the amount of _____.

Name as shown on license: _____ [] Ms. [] Miss [] Mrs. [] Mr.
(Please Print)

Place of Birth _____ Date of Birth _____
(City or Country) (State) (Country) (Mo.) (Day) (Year)

Check membership type desired: Designated REALTOR® _____ REALTOR® _____ Appraiser _____

Type of Real Estate License Held: (CHECK ONE) [] Broker [] Salesman [] Appraiser

License #: _____ Appraisal License #: _____

If License is a Temporary License, provide license term _____.

Office Name: _____ Address: _____

Office Phone: _____ Office Fax: _____

Cell Phone: _____ Email: _____

Residence Address: _____

Preferred Mailing: [] Home [] Office Preferred Phone: [] Home [] Office

Are you presently a member of any other Association of REALTORS®? [] Yes [] No

If yes, name of Association and type of membership held: _____

Have you previously held membership in any other Association of REALTORS®? [] Yes [] No

If yes, name of Association and type of membership held: _____

Have you ever been refused membership to any other Association of REALTORS®? [] Yes [] No

If "Yes", state basis for refusal:

Have you ever been convicted of a felony? [] Yes [] No

How long with current real estate firm? _____

Previous real estate firm (if applicable): _____

Number of years engaged in the real estate business: _____



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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, shall be grounds for revocation of my membership if granted. I further authorize the Board through its representatives to verify these facts through recognized credit or other channels as they deem necessary. I further agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established.

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.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association (s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am consenting to receive as part of my membership.

Dated:

Signature:

(Applicant)

I hereby certify that the named applicant for membership is associated either as an employee or as an independent contractor.

Dated _____

Signature _____

(Designated REALTOR'S®)