

APPLICATION FOR AFFILIATE MEMBERSHIP



1. Send STJBOR the following information:

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

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

Kasima Hodge, Association Executive P.O. Box 3263 Palmer, AK 99645

Toll Free: 1-866-966-9261 Fax: 1-866-542-1418 Email: stjbor@gmail.com



APPLICATION FOR AFFILIATE MEMBERSHIP



APPLICATION FOR ST. JOHN BOARD of REALTORS® (STJBOR) AFFILIATE MEMBERSHIP:

I hereby apply for membership in the St. John Board of REALTORS® (STJBOR) (Company Name) for Affiliate Membership.			
Address:			
		Zip Code	
Office Phone ()		Fax #()	
Email Address			
Company Web Site Addre	*SS		
Have you held membershi	p in another Boa	ard?(if yes) What Board_	
Enclosed is my check for t	fees in the amou	int of \$	
Business License Number		Type of Business	
Company information: [] Other, specify	Sole Proprietor	[]Partnership []Corporation	[]LLC (Limited Liability Company)
Your position: []Principa	al []Partner []Corporate Officer []Majori	ty Shareholder []Branch Office Manager
	•	firm who will be attending Me	eetings and Functions:
I hereby certify that the in- provide complete and acc	formation on thi urate information ted. I further a	is application furnished by me and as requested, or any misstat	is true and correct, and I agree that failure to ement of fact, shall be grounds for revocation abership in the Board, I shall pay the fees and
channels as they deem ne	cessary. NOTI	E : Payments to the St. John	these facts through recognized credit or other Board of REALTORS® are not deductible as s an ordinary and necessary business expense.
Dated:		Applicant's Signature:	