



GBBR Resource Partner Application

Please make certain that you have completed all portions of this application before returning it to GBBR. Please PRINT all information clearly! Illegible and Incomplete forms will delay application processing.

SPECIAL FOR NEW GBBR Resource Partner: JOIN FOR \$299.00

A savings of \$51.00 off the Regular Annual Dues of \$350.00

GBBR Resource Partner membership is open to individuals or businesses interested in networking with GBBR's membership of over 3,400 real estate professionals. The Resource Partner Membership entitles one (1) primary member from your company to utilize exclusive GBBR Resource Partner opportunities. Additional Resource Partners from your company, may join under primary membership for only \$50.00 per person.

Maryland Association of REALTORS® Membership Option

As a GBBR Affiliate member, you also have the option of joining the Maryland Association of REALTORS® (MAR) for the annual fee of \$170.00. For a list of MAR Affiliate Membership Benefits, contact MAR @ 1-800-638-6425.

Member Information

Company Name: _____

Company Address: _____ City: _____ State: _____ Zip: _____

Company Phone: _____ Company Fax: _____

Company Website: _____ Primary Website: _____

Primary Member Name: _____

Primary Member Email: _____ Primary Member Cell: _____
(Please note our primary method of communication with our members is via e-mail.)

Additional Information: _____ MAR Option: YES NO

Additional Resource Partners

(Additional \$50.00 per individual; entitles member to receive full Resource Partner Benefits)

Name: _____ Email: _____

Preferred Phone: _____ MAR Option: YES NO

Name: _____ Email: _____

Preferred Phone: _____ MAR Option: YES NO

Name: _____ Email: _____

Preferred Phone: _____ MAR Option: YES NO

Name: _____ Email: _____

Preferred Phone: _____ MAR Option: YES NO

Communication Consent

As a member of GBBR, I understand that by providing my email address, telephone number and fax number, I consent to receive communications sent via email, telephone, or fax, by or on behalf of the Greater Baltimore Board of REALTORS®, the Maryland Association of REALTORS®, and the National Association of REALTORS®, including subsidiaries and affiliates of the respective organizations. I acknowledge and agree to abide by the duties and conditions stated above, and I hereby certify that the foregoing information furnished by me is true and correct. I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, maybe grounds for revocation of my membership, if granted.

Signature: _____ (applicant) Date: _____

Our invitation to join was referred by: Name: _____ Company: _____

Affiliate Service Category (Please Select One)

<input type="checkbox"/> Accounting	<input type="checkbox"/> Government Agencies	<input type="checkbox"/> Property Management
<input type="checkbox"/> Advertising Media/Publication	<input type="checkbox"/> Homeownership Counseling	<input type="checkbox"/> Radon Inspection/Remediation
<input type="checkbox"/> Appraisal Services	<input type="checkbox"/> Home Improvements	<input type="checkbox"/> Resources
<input type="checkbox"/> Attorney/Legal Services	<input type="checkbox"/> Home Inspection Services	<input type="checkbox"/> Savings & Loan Services
<input type="checkbox"/> Banking & Financial Services	<input type="checkbox"/> Home Warranty Services	<input type="checkbox"/> Telecommunication Services
<input type="checkbox"/> Builders, New Construction	<input type="checkbox"/> Insurance & Financial Services	<input type="checkbox"/> Title Insurance Companies
<input type="checkbox"/> Business Organization	<input type="checkbox"/> Marketing Services	<input type="checkbox"/> Other (please describe) _____
<input type="checkbox"/> Computer Hardware/Software	<input type="checkbox"/> Mortgage Services	_____
<input type="checkbox"/> Communication Services & Eq.	<input type="checkbox"/> Marketing Services	_____
<input type="checkbox"/> Community Services	<input type="checkbox"/> Pest/Termite Inspection	_____
<input type="checkbox"/> Photographic Services	<input type="checkbox"/> Professional Services	_____

PAYMENT INFORMATION

I would like to submit payment now with my application. I prefer to be sent an invoice for payment of dues.

Cash _____ Check # _____ MasterCard _____ Visa _____ AMEX _____

Total Payment Enclosed or Charged: \$ _____

Credit Card Number: _____

Card Holder's Name: _____

Expiration Date: _____

Signature: _____ Date: _____

NOTE: No Refunds.

For Staff Use Only:

Office Name: _____	Office #: _____
Primary Applicant Name: _____	Member #: _____
Applicant Name: _____	Member #: _____
Applicant Name: _____	Member #: _____
Applicant Name: _____	Member #: _____
Applicant Name: _____	Member #: _____