



Central Wisconsin Board of Realtor®
The Voice for Real Estate in Central Wisconsin

925 South Park View Drive
Mosinee, WI 54455
Phone (715) 693-7325

Application for Affiliate Membership
Please Type or Print Clearly

1. Identification of Applicant and Firm

_____		_____	
Last Name	First Name	Initial	Your Title

Firm Name			

Firm Address			

City, State, Zip		Home Phone	
_____		_____	
Office Phone / Office Fax		E-mail Address	
_____		_____	

Describe Your firm's activities and your duties: _____

II. Business History

Are you licensed as a real estate broker? _____ As a real estate salesman? _____

Has a real estate licensing agency ever denied, revoked, suspended or withdrawn your license or that of any partnership or corporation of which you were a member or officer?

_____ If yes, give details: _____

Has any legal or administrative action ever been begun against you in which fraud, dishonesty or deceit was alleged? _____ If yes, give details: _____

Are there any unsatisfied judgments of record against you personally or against any firm of which you are or have been a partner or officer? _____ If yes, give details: _____

Have you, or any firm of which you are or have been a partner or officer, been adjudicated a bankrupt or made an assignment for the benefit of creditors within the past six years? _____ If yes, give details: _____

III Agreement

I hereby apply for affiliate Membership with the Central Wisconsin Board of Realtors®. In the event I am elected to membership, I agree: a) to pay such regular dues as may be fixed by the Board of Directors, and to b) to conduct myself in accordance with all provisions of the Board's By-Laws.

Dated

Applicant's Signature

Sponsored by CWBR Member:

Dated

Name (please print)

AGENT DATA WORKSHEET

PARAGON

Please fill this form out if you are interested in CWMLS access. Additional per month charges apply for CWMLS access.

ALL MLS USERS MUST COMPLETE THIS FORM. Completing ALL sections is mandatory.
Please type or print.

ID* (Can be up to 15 characters alpha numeric): _____

PASSWORD*(15characters alpha numeric): _____

NAME (Last, First, Middle Initial): _____

Home Address: _____

Home City: _____ **Home State:** _____

Home Zip Code: _____ **Home Phone:** _____

Office Name: _____

** Your ID and Password can be at least 15 characters long but does not have to be that long. You may want to choose something that you can easily remember.*