

## Association: Pinellas REALTOR® Organization & Central Pasco REALTOR® Organization

## **UNLICENSED ASSISTANT/USER APPLICATION**

Employer Name:		 NAR#:					
Employer Address: _							
	Street/P. O Box/A	pt.	City	State		Zip	
Employer Phone:			Fax #	<u> </u>			
E-Mail:			We	eb:			
ASSISTANT/USER	INFORMATION	√ (check one)	1				
[ ] Office Assistar	stant (access to on nt (access to all list istant (access to al	tings owned by	this office)	and any branc	h offices)		
Assistant Name:							
Agent or office assis	tant is assigned	d to:					
Office Phone:				Fax:			
Home Address:							
Stro	eet/P.O. Box/Apt.	(Required to v	City verify against DE	BPR records)	State	Zip	
E-Mail:		<del></del>					
<u>SIGNATURES</u>							
Broker Signature							
Assistant Signature							
Credit Card #					E	xp Date	
Name on credit card							
* Total due \$	incl	udes \$65.00	) setup fee.				
Please return to Pine	ellas REALTOR	R® Organiza	ntion with a	copy of assis	stant's dri	ver's license to	

membership@pinellasrealtor.org or fax to 727-231-8060. An unlicensed assistant user fee of \$105.00

will be due annually September 30<sup>th</sup>. Annual invoice will be emailed by Stellar MLS in August.

\* Please contact Membership for the current fees at 727-347-7655 Option #2.

**EMPLOYER** INFORMATION: