



GREATER SCRANTON BOARD OF REALTORS[®], INC.

309 Davis Street, Clarks Summit, PA 18411

(570) 587-1757 FAX: (570) 586-1898

E-mail: info@gsbr.org

GSBR NEW OFFICE APPLICATION – PG. 1

PLEASE SELECT ONE:

- PRIMARY ASSOCIATION MEMBERSHIP**
(\$1,000 application fee must accompany application)
- SECONDARY ASSOCIATION MEMBERSHIP**
(\$1,000 application fee must accompany application)
- MLS-ONLY SUBSCRIBER MEMBERSHIP**
(\$750 application fee must accompany application)

PLEASE SELECT ONE:

- SINGLE OFFICE (NO BRANCHES)** **MAIN OFFICE (BRANCH OFFICES EXIST)**
- BRANCH OFFICE**

OFFICE NAME: _____

OFFICE PA LICENSE NUMBER: _____

OFFICE NAR ID NUMBER: _____

(If already an established NAR Member Office)

OFFICE ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

OFFICE PHONE: _____ **OFFICE FAX:** _____

DESIGNATED BROKER NAME: _____

DESIGNATED BROKER PA LICENSE NUMBER: _____

DESIGNATED BROKER NAR MEMBER ID NUMBER: _____

(If already an established NAR Member)

DESIGNATED BROKER ADDRESS (Residence): _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____



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GSBR NEW OFFICE APPLICATION – PG. 2

DESIGNATED BROKER CELL NUMBER: _____

DESIGNATED BROKER EMAIL ADDRESS: _____

OFFICE EMAIL ADDRESS: _____

OFFICE WEB PAGE ADDRESS: _____

I understand that by providing my mailing address(es), email address(es), and telephone number(s), I consent to receive communications sent from the GREATER SCRANTON BOARD OF REALTORS®, the PENNSYLVANIA ASSOCIATION OF REALTORS®, and the NATIONAL ASSOCIATION OF REALTORS® via U.S. mail, email, telephone, text or facsimile at the number(s) and location(s) provided. Initial: _____

I hereby certify that the information provided is 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. Initial: _____

I further agree that if accepted for GSBOR membership, I shall pay the fees and dues in a timely manner as established, or be subject to late fees, reconnection fees and/or suspension of FLEXMLS access. Initial: _____

I understand that as a Designated Broker, I acknowledge my supervisory responsibilities for any agents working in my office under my management. These responsibilities include (but are not limited to) the following: to verify continued licensing of all agents in my office; to provide instruction and training resources for agents; to take an active responsibility for my agents' behavior and professionalism; and to acknowledge my responsibility for any financial obligations that my agent may have incurred for any Association Dues and Fees. Initial: _____

PLEASE NOTE: ACTIVATION OF GSBOR MEMBERSHIP AND MLS SUBSCRIBER ACCESS CAN TAKE UP TO 72 HOURS OF RECEIPT OF APPLICATION BY THE ADMINISTRATIVE COORDINATOR.

A COPY OF THE PA BROKER LICENSE AND THE PA OFFICE LICENSE IS REQUIRED TO BE SUBMITTED WITH THIS APPLICATION. IF YOU ARE CURRENTLY A PRIMARY ASSOCIATION MEMBER OF A LOCAL ASSOCIATION, PLEASE ALSO SUBMIT A MEMBER IN GOOD STANDING LETTER FROM YOUR PRIMARY ASSOCIATION.

SIGNATURE OF APPLICANT

DATE: _____