

WASHINGTON COUNTY BOARD OF REALTORS®

MEMBER MARKETING CONSENT FORM

*NAME: _____

*HOME ADDRESS: _____

*OFFICE NAME: _____

*PHONE #: _____ PUBLISH? YES NO

FAX #: _____ PUBLISH? YES NO

*CELL #: _____ PUBLISH? YES NO

*EMAIL: _____ PUBLISH? YES NO

*REQUIRED INFORMATION FIELD

I understand that by providing the above information, I consent to receive communications sent FROM the Washington County Board of REALTORS® via the above sources.

(THIS INFORMATION IS NOT INTENDED FOR SALE OR ANY OTHER USAGE!)

SIGNATURE: _____

DATE: _____

This form must be submitted with each application and resubmitted at the end of each fiscal year (Oct 1- Sept 30) or as requested!