

**Caldwell Board of REALTORS®
Secondary Membership Form**

Date: _____ **NRDS#:** _____

Last Name: _____ **First Name:** _____

Primary Association: _____

Office: _____

Phone #: _____ **Email:** _____

Home Address: _____

*For dues instructions, please see page 2.

Agent Signature

Dues for Secondary Membership

RETURN THE ABOVE FORM AND PAYMENT TO:

S.A.M.

c/o Jill Stone

1411 N. College Rd. Ste. 200

Twin Falls, ID 83301

IMPORTANT: Checks must be made payable to **Stone Association Management**, and not the local board, to avoid delay of membership.

If you wish to pay by **Credit Card** contact Jill Stone. (There is a 4% convenience fee.)

- **If your primary association is within the state of Idaho, and/or you are current on your Idaho state dues, please remit payment in the amount of:**

CBOR	\$.00
<u>IR/PS Fee</u>	<u>\$ 10.00</u>
Total Due	\$190.00

*IR/PS FEE – Idaho Association of Realtors Professional Standards Fee is Mandatory

If you have any questions, please contact **Jill Stone at 208-420-2685** or email at **jillstone99@gmail.com**.