



LONGLEAF PINE REALTORS® , INC.

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REINSTATE MEMBER INFORMATION

Reinstatement Policy: *If an agent has been a member of the Association at any point during the current year or the immediate prior year and wish to be reinstated, the full amount of the annual dues must be paid before reinstatement.*

Name _____

Company _____

Office Address _____

City _____ State _____ Zip _____

Office Phone # _____ Agent Home or Cell Phone # _____

Home Address _____

City _____ State _____ Zip _____

RE License # _____

NRDS # _____

Email address _____

Agent's Signature _____

Designated REALTOR®'s Signature _____

*This form is for REALTORS® that have been a member of the Association previously.