



# LONGLEAF PINE REALTORS®, INC.

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## APPLICATION FOR REINSTATEMENT

**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.