



## Membership Roster Request Form

The St. Louis REALTORS® makes its membership database available in various formats to aid in your marketing plans. We do not offer subscription plans for rosters. A new request must be made for each purchase. Electronic copies of the membership roster contain a Microsoft Excel file with the following fields: member name, home and work addresses, work phone numbers, and member type. **E-MAIL ADDRESSES AND FAX NUMBERS ARE NEVER SOLD. *Please fill out the order form and fax to 314-576-7143 or email request to membership@stlrealtors.com.***

### Electronic Roster Pricing

	<i>Member Price</i>	<i>Non-Member Price</i>
<i>Full List of Members</i>	\$325	\$550
<i>Update of Full List*</i>	\$175	\$250

\*The update of the full list may only be purchased once during a 12 month period. Any updates purchased in excess of one every 12 months are paid at the full price.

<i>List of Offices</i>	\$200	\$275
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List includes the office address and name of Office Manager.

<i>By Zip Code</i>	\$50	\$75
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Cost is per each zip code.

<i>Commercial Members</i>	\$175	\$275
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List includes only members of the Commercial Division. All Other lists include both Commercial and Residential members, unless otherwise specified.



## Membership Roster Request Form

Please fill out the information below and fax to 314-576-7143, or email request to [membership@stlrealtors.com](mailto:membership@stlrealtors.com)

Name: \_\_\_\_\_

Office Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Please use the space below to be specific about your request. For example, if you want a list of residential members, but want to exclude such groups as affiliates and appraisers, please note that here by checking the appropriate box of those you would like included in your request.*

Affiliate Members

Appraisers

Residential Division Members

Commercial Division Members

Please:

E-Mail my list to \_\_\_\_\_

Payment Information: **Prices do not include tax. Please include tax of 7.613% on all orders.**

Please bill my account. All payments must be made in 30 days. The name of the individual above will be billed, we cannot bill an office.

Please charge my credit card:

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_

Type of Card: \_\_\_\_\_

Signature: \_\_\_\_\_

*A signature is required for all requests to be completed.*