



POCONO MOUNTAINS Association of REALTORS®

2214 West Main Street, Stroudsburg, PA 18360

Phone 570-424-8846 Fax 570-424-9167

SUPRA RECIPROCITY REQUEST FORM

Member Name: _____ NRDS #: _____

Office Name: _____ Phone # _____

Office Address: _____ Fax # _____

City: _____ State: _____ Zip: _____

Agent email: _____ Cell Phone # _____

By signing this application, I agree to abide by the lockbox Rules and Regulations.

Member Signature: _____ Date: _____

Key Serial # _____ Pin Number: _____

NAME OF PRIMARY BOARD: _____

Please check the area (s) in which you are requesting reciprocity for:

_____ Lehigh Valley Assoc. of REALTORS®
Phone: 610-882-4100/Fax 610-882-4144

_____ Greater Hazleton Assoc. of REALTORS®
Phone: 570-454-2211 / Fax 1-866-326-8921

_____ Carbon County Assoc. of REALTORS®
Phone: 610-377-8121 / Fax 610-377-1767

_____ Montgomery County Assoc. of REALTORS®
Phone: 610-260-9931/Fax 610-260-9951

_____ Pike Wayne Assoc. of REALTORS®
Phone: 570-226-2300 / Fax 570-226-3189

_____ Bucks County Assoc. of REALTORS®
Phone: 215-956-9176/Fax 215-956-9298

_____ Greater Wilkes Barre Assoc. of REALTORS®
Phone 570-283-2111 / Fax 570-288-7924

_____ Greater Philadelphia Assoc. of REALTORS®
Phone 215-423-9381 / Fax 215-423-040

_____ Greater Scranton Assoc. of REALTORS®
Phone 570-587-1757 / Fax 570-586-1898

_____ Suburban West REALTORS® Association
Phone 610-560-4800 / Fax 610-560-4801

I hereby confirm that the aforementioned applicant is a member in good standing of the Pocono Mountains Association of REALTORS®.

PMAR Authorized Representative

Date