

**ETHICS ADVOCATE
COMMUNICATION PREFERENCE
TRI-COUNTIES ASSOCIATION OF REALTORS® c/o
PACIFIC WEST ASSOCIATION OF REALTORS®**
(Please complete a separate form for each party/spouse)

Name: _____

Address: _____

Home Phone: _____

Best hours to call: _____

Work Phone: _____

Do not contact work _____ Hours to call: _____

Fax: _____

Cell Phone: _____

Email: _____

I request that written notifications be:

_____ Mailed to home address

_____ E-mailed

Signed

Dated