

**ETHICS ADVOCATE  
COMMUNICATION PREFERENCE  
THE INLAND GATEWAY 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

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Signed

Dated