



## APPLICATION FOR AFFILIATE MEMBERSHIP

I hereby apply for an Affiliate membership at the **Stephenville Association of REALTORS®**. In the event of my election, I agree to abide by its constitution, Bylaws, Rules and Regulations and the Code of Ethics of the National Association of REALTORS. I irrevocably waive all claims against the Board or any of its officers, directors or members for anything in connection with the business of the board, and particularly as to its or their acts in electing or failure to elect the advancing, suspending, polling or otherwise disciplining me as an applicant or as a member.

**Application Fees and Dues:** Enclosed is payment in the amount of \$ 50.00 for my one time application fee and \$ 217.00 for my membership dues (Local- \$100.00 and TAR- \$117.00) payable directly to the **Stephenville Association of REALTORS®**.

<b>CONTACT INFORMATION:</b>					
First Name		Middle Name			
Last Name		Suffix Jr, III, Sr, Etc.			
Nickname (DBA):					
Home Address:					
City:		State:		Zip:	
Home Phone:		Cell Phone:			
Fax:					
Primary E-mail:		Secondary E-mail:			
<b>COMPANY INFORMATION:</b>					
Office Name:					
Office Address:					
Office Phone:		Fax:			
Company Type: Sole Proprietor Partnership Corporation LLC (Limited Liability)					

Company) Other, specify					
Your position: Principal Partner Corporate Officer Majority Shareholder					
Branch Office Manager Non-principal Licensee Other					
Names of other Partners/Officers of your firm:					
Is the office address provided above your principal place of business? Yes No					
If not, or if you have a branch office, please provide that address:					
Address:					
City:		State		Zip	
		:		:	

<b>PREFERRED MAILING/CONTACT INFORMATION:</b>	
Preferred Phone: Home Office Cell	
Preferred E-mail: Primary E-mail Secondary E-mail	
Preferred Mailing: Home Office Office Mail Alternate Member Mail Alternate	

**NOTE:** Payments to the Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds. By signing below, I consent that the REALTOR® Associations (local, state,) and their subsidiaries, if any may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

**Dated:** \_\_\_\_\_ **Signature:** \_\_\_\_\_