



APPLICATION FOR AFFILIATE MEMBERSHIP

MEMBERSHIP:

Affiliate Members shall be real estate owners and other individuals or firms who, while not engaged in the real estate profession, have interests requiring information concerning real estate, and are in sympathy with the objectives of the Association. Affiliate Membership shall also be granted to individuals licensed or certified to engage in real estate practice who, if otherwise eligible do not elect to hold REALTOR® membership in the association, provided they are engaged exclusively in a specialty of the real estate business other than brokerage of real property.

I hereby apply for Affiliate Membership in the **Marietta Board of REALTORS®** (“the Association”). I understand that as an Affiliate Member of the Association, I am not a member of the National Association of REALTORS® and therefore may not use the term “REALTOR®”.

Application Fees and Dues: Enclosed is payment in the amount of \$_____ (which includes my one-time application fee and my prorated membership dues) payable directly to the Marietta Board of REALTORS®.

***dues are prorated, please call the Board Office for a breakdown of amounts owed**

COMPANY INFORMATION:				
Office Name:				
Office Address:				
Office Phone:		Fax:		
Type of Business:				
Your position:				
Are you the sole member of your office? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If no, please list the other members:				
Is the office address provided above your principal place of business? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If not, or if you have a branch office, please provide that address:				
Address:				
City:		State:		Zip:

CONTACT INFORMATION:			
First Name		Middle Name (optional)	
Last Name		Suffix <input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr,	
Nickname:		Birthdate:	
Cell Phone:		Fax:	
Primary E-mail:		Secondary E-mail:	
May the Association communicate with you via text message?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

LICENSE INFORMATION (IF APPLICABLE): *PLEASE INCLUDE A COPY OF YOUR LICENSE*	
State of Licensure:	Appraisal License #
Do you hold, or have you ever held, a real estate license in any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, where:	
License Number:	

PREFERRED MAILING/CONTACT INFORMATION:
Preferred Phone: <input type="checkbox"/> Office <input type="checkbox"/> Cell
Preferred E-mail: <input type="checkbox"/> Primary E-mail <input type="checkbox"/> Secondary E-mail

ADDITIONAL APPLICANT INFORMATION:	
Are you currently a member of any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of Association:	
Type of membership held:	
Have you previously held membership in any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of Association:	
Type of membership held:	

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted.

I further agree that, if accepted for membership in the Association, I shall abide by the Constitution, Bylaws, and Rules and Regulations of the Association, and to pay the fees and dues as from time to time established. **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® Association and its subsidiaries, if any (e.g., MLS, Foundation) 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 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.

Please include a copy of your photo ID

Dated: _____ Signature: _____

Can we contact you for event sponsorships and/or donations? ___Yes ___No

Sponsorship / Donation opportunities include, but may not be limited to:

- Monthly Member Lunches
- New Member Orientation
- Continuing Education Day
- Christmas Party
- RPAC fundraising event(s)

THIS SECTION FOR LOCAL BOARD USE	
Application Received:	
Dues Paid:	
MLS Access? ___Yes ___No	Date:
SUPRA Access? ___Yes ___No	Date:
Office ID:	
Office Contact:	