



Application for Affiliate Membership

Affiliate Dues \$12.50 per month/150.00 per year

Applicant's Name _____ Date _____

Business Name _____ Type of Business _____

Business Address _____ City/State/Zip _____

Office Phone # _____ Office Fax # _____

E-Mail _____ Cell phone # _____

Web Site _____ How long in business _____

Please list two (2) additional affiliate members (optional) with e-mail address:

1. _____

2. _____

Please state your reasons for desiring Affiliate Membership in the Dearborn Area Board of REALTORS®:

Would you like to receive our E-Newsletter? () Yes () No

Would you like all your business information published on our Affiliate Roster?

For REALTORS® only purposes? () Yes () No

All information listed on our website? () Yes () No

I hereby apply for Affiliate Membership in the Dearborn Area Board of REALTORS® and certify that:

1. I am not associated with a firm selling real property.
2. I do not hold an active real estate license and I am not eligible for REALTORS® membership.
3. I am associated as a _____ with the above organization having objectives related to the Dearborn Area Board of REALTORS®.
4. I understand that this category of membership does not entitle me to hold elective office, voting privileges, the use of the designation REALTOR® or the emblem of the National Association of REALTORS®.

Signature _____ Date _____

Payment Method: () Check # _____ () Visa () MasterCard

Card # _____ Exp Date _____

Name (exactly as printed on card): _____

Signature of Cardholder: _____

Total Amount Paid: \$ _____