



SRAR® Application for Affiliate Membership

I hereby apply for _____ Affiliate membership in the Salisbury/Rowan Association of REALTORS®, Inc. I am enclosing my check for fees as shown below, which is to be returned in the event of non-election. In the event of my elections, I agree to abide by the Code of Ethics of the National Association of REALTORS®, and the Constitution, Bylaws, and Rules and Regulations of the above named Association, the State Association, and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination of such code, Constitution, Bylaws, and Rules and Regulations. I consent that the Association, through the Membership Committee or otherwise, may invite and receive information and comment about me from any member or other person. I further agree that any information and comment furnished to the Association by any person in response to the invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character. **I hereby submit the following information for your consideration:**

Name: ()Miss ()Mrs. ()Ms. ()Mr. _____
 Residence Address: _____
 City _____ State _____ Zip _____
 Resident here since: _____ (Date) Email Address: _____
 Home phone: _____ Cell Phone: _____

Name of Firm currently associated with: _____
 Office Street Address _____ City _____ State _____ Zip _____
 Office Mailing Address _____ City _____ State _____ Zip _____
 Type of Business: _____ Office Website _____
 Type of Business with current firm: () Individual () DBA () Partnership () Corporation
 Title of position with the firm: _____

Applicant authorizes Salisbury/Rowan Association of REALTORS® to contact the following:

_____	_____	_____
(Name)	(Address)	(Phone)
_____	_____	_____
(Name)	(Address)	(Phone)

This section to be completed by Association Executive at Salisbury/Rowan Association of REALTORS®

I agree to pay the established fees for Affiliate Membership as long as I remain a member of this Association and understand that the present fees are:

One time Application Fee: **\$100.00** Annual Affiliate Dues (**Circle One**): Primary **\$350** Secondary **\$100**

TOTAL AMOUNT DUE: _____ Paid by: () Cash () Check Number _____ () Credit Card

Dated: _____ Signature: _____

Dues payments to the Salisbury/Rowan Association of REALTORS® are not tax deductible as charitable contributions. Portions of such payments may be deductible as ordinary and necessary business expense. Dues are not refundable.



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Place of Birth _____ Date of Birth _____
 (City, State)

Established at present company (year) _____ Previous Company _____

Membership in professional societies, fraternal orders, service organizations, Board of REALTORS®, etc. _____

Are you currently a member of any other local Association or Board? () Yes () No

If yes, what is your Office & Agent NRDS Numbers _____

Have you previously held membership in any other local Association or Board? () Yes () No

If yes, name and location of Association/Board _____

Will you serve on local Association Committees/Task Force (if appointed)? () Yes () No

Please check your preference:

_____ Affiliate Council	_____ Programs/Social
_____ Chaplain	_____ Public Relations/Community Service
_____ Equal Opportunity/Diversity	_____ REALTOR/AFFILIATE of the Year
_____ Golf Tournament	

Additional comments: _____

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