



### **APPLICATION FOR AFFILIATE MEMBERSHIP**

I hereby apply for Affiliate Membership in the **Northeast Arkansas Board of REALTORS®** and enclose my payment in the amount of **\$250.00**, which includes the one-time **New Member Fee** and dues through **this calendar year**.

I understand that an **annual renewal fee of \$100.00** will be due each **January** thereafter to maintain my membership.

If my business chooses not to continue as an Affiliate Member, I will notify the **Association Executive in writing** prior to the next renewal period.

I consent and authorize the Board, through its Membership Committee or otherwise, to invite and receive information and comment about me from any Member or other person. I agree that any such information and comment furnished to the Board shall be conclusively deemed privileged and not form the basis of any action for slander, libel, or defamation of character.

**NOTE:** The Board maintains a membership file that may be shared with other boards or associations where the applicant subsequently seeks membership. This file may include previous applications for membership.

**NOTE:** Dues payments to the Northeast Arkansas Board of REALTORS® are not tax deductible as charitable contributions. Portions of such payments may be tax deductible as ordinary and necessary business expenses.

### **Applicant Information**

Applicant's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Physical Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Company Tax ID: \_\_\_\_\_

Website: \_\_\_\_\_



**Company Information:**

☐ Sole Proprietor    ☐ DBA Partnership    ☐ Corporation

**Your Position with Firm:**

☐ Principal Partner    ☐ Corporate Officer    ☐ Employee

☐ Branch Office Manager    ☐ Independent Contractor

Email Address: \_\_\_\_\_

I agree that, if accepted for Membership on the Board, I will pay all applicable fees and dues. I understand that late payments may incur additional late fees. In the event of non-payment resulting in collections, my company will be responsible for any accrued interest and additional fees associated with the collection process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_