

APPLICATION FOR MEMBERSHIP

AFFILIATE MEMBERSHIP

I hereby apply for Affiliate Membership in the Carolina Smokies Association of REALTORS® and the North Carolina Association of REALTORS®, Inc.

Enclosed is my check for fees in the amount of \$ _385.00_, which is to be returned to me in the event of non-election. In the event of my election, I understand I may attend all REALTOR® meetings, held on the third Thursday of every other month. I may attend all social functions held by the Board. I may participate in special functions held by the Board during the year. I am NOT eligible to vote for OFFICERS and DIRECTORS of the Board, as voting members are made up of REALTORS® ONLY. I may also attend State Functions as an affiliate member of the North Carolina Association of REALTORS®.

NAME OF BUSINESS OR FIRM		
ADDRESS OF FIRM		
CITY	STATE	ZIP
PHONE NUMBER	FAX NUMBER	
CELL PHONE NUMBER	OTHER ALT. NUMBER	
EMAIL ADDRESS		
NAME (OR NAMES) OF PERSONS TO BE REPRESE PERSONS:	NTING YOUR FIRM AND TITL	E OF THAT PERSON OR
You are authorized to contact the following references:		
Name	Address	Phone
1		
2		



Are you a current member of your local Chamber of Commerce? Yes No								
Is your business	licensed with the S	ecretary of St	:ate Yes _	No				
Check whether: _	Individual,	DBA, _	Partner, _	Corp	LLC			
Have you ever been convicted of a felony? YesNo.								
If so, give details:								
APPLICATION FEE: \$100.00, plus MEMBERSHIP DUES: \$285.00								
Total: \$385.00.	I understand this f	ee stated inc	ludes my membe	ership in the st	ate association.			
DATE:		SIGNED:						