



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.

Upon payment of dues, it will 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 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 REPRESENTING YOUR FIRM AND TITLE OF THAT PERSON OR PERSONS:

You are authorized to contact the following references:

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____



131 Heritage Hollow Dr.
Franklin, NC 28734

PHONE (828) 524-1179
FAX (828) 524-8839
E-MAIL ae@carolinasmokierealtors.com
WEB SITE carolinasmokierealtors.com

Is your business licensed with the Secretary of State _____ Yes _____ No

Are you a current member of your local Chamber of Commerce? _____ Yes _____ No

Check whether: Individual DBA Partner Corp. LLC

Have you ever been convicted of a felony? _____ Yes _____ No.

If so, give details: _____

APPLICATION FEE: \$200.00, plus MEMBERSHIP DUES: \$310.00 (will be prorated for the month joined)

I understand this fee stated includes my membership in the state association.

DATE: _____ SIGNED: _____