

Akron Cleveland Association of REALTORS®

For Office Use Only

Date

Rec. By

NRDS#

AFFILIATE MEMBERSHIP APPLICATION

To become an affiliate member, your company must designate one individual to serve as the Primary Affiliate. This person will serve as the main contact within the company. Additionally, a company may appoint other individuals as members. **Affiliate Membership stays with the company, not the individual.**

| Company | | | | | _ |
|--------------------------|-------|---------------------------------------|--------------|-------|---|
| Company Address | | (0:1-) | (01-1-) | (7:) | |
| (Street) Company Phone | | (City) Fax | (State) | (ZIP) | |
| Company Website | | ····· | | | |
| Type of Business | | | | | |
| Primary Affiliate | | | | | |
| Name | | | | | |
| Mailing Address (Street) | | | | | _ |
| (Street) Cell Phone | Fax _ | (City) | (State) | | |
| E-mail | | Languages | | | |
| Associate Affiliate(s) | | | | | |
| Name | | | | | |
| Mailing Address | | | | | _ |
| (Street) Cell Phone | | (City) | (State) | | |
| E-mail | | Languages | | | |
| Name | | | | | |
| Mailing Address | | | | | |
| (Street) Cell Phone | | (City) | (State) | | |
| E-mail | | Languages | | | |
| Name | | | | | |
| Mailing Address | | · · · · · · · · · · · · · · · · · · · | | | |
| (Street) Cell Phone | Fax _ | (City) | (State) | (Zip) | |
| E-mail | | Languages | | | |
| | | _ | | | |

personal information but will make your business information available to members and the public. APPLICANT'S SIGNATURE: DATE: Applicant's Name **Primary Affiliate Dues Proration:** If joining in January-March: \$300; April-June: \$225; July-September: \$150; October-December: \$75. Annual dues for the following calendar year will be billed in December for \$300. **Associate Affiliate Dues Proration:** If joining in January-March: \$150; April-June: \$112.50; July-September: \$75; October-December: \$37.50 Annual dues for the following calendar year will be billed in December for \$150. Payment Type for ACAR: Cash Check Visa MasterCard Discover AMEX Credit Card # Expiration Date: _____ CVV: (3 digit on back)_____

By providing e-mail and contact information, you agree that ACAR may use them for publication, including the association's website. E-mail addresses will be used for ACAR communications only. We will not supply your e-mail address to any other party. Upon signing this application, you allow ACAR to send you text messages to the number supplied on this application, or updated phone number(s) given in the future, for upcoming ACAR events, education classes or other ACAR related business. ACAR will not sell your

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Signature of Cardholder: Amount \$

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