



APPLICATION FOR AFFILIATE MEMBERSHIP

I hereby apply for affiliate membership in the Jefferson City Area Board of REALTORS®, Inc., enclosing my check in the amount of \$_____. I agree to abide by the Bylaws, and Rules and Regulations of the Jefferson City Area Board of REALTORS®, Inc. Upon expiration of said membership for any cause, I will return to the Board all certificates, signs, seals, or other indications of membership in the Jefferson City Area Board of REALTORS®, Inc.

FIRM INFORMATION

Firm Name: _____

Address: _____

City / State / Zip: _____

Telephone: _____ Mobile: _____

E-Mail Address: _____

Website: _____

Representative's Name & Title _____

DUES AND FEE SCHEDULE

	<u>Jan</u>	<u>Feb</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>Aug</u>	<u>Sept</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
Application Fee	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00
Dues	\$275.00	\$252.12	\$229.20	\$206.28	\$183.36	\$160.44	\$137.52	\$114.60	\$91.68	\$68.76	\$45.84	\$22.92

Applicant's Signature _____ Date _____

Title _____

A brief business profile or history of the firm should accompany the completed application for affiliate membership.