



AFFILIATE MEMBERSHIP APPLICATION

The undersigned applies for admission as an Affiliate member of the Montgomery County Association of REALTORS, Inc. (MCAR), and once approved, agrees to abide by the Constitution, Bylaws, Policies and Procedures of the Association, accepting and agreeing to be subject to all of them as they now exist or as they may be hereafter amended.

The applicant agrees to pay the membership dues at the signing of this application and yearly thereafter, as long as he/she is a Member of MCAR. Nonpayment of dues will result in the termination of membership in the Association and all rights and privileges thereof.

COMPANY NAME: _____

ADDRESS: _____

TELE: _____ **FAX:** _____ **URL:** _____

*NOTE: For an additional nominal fee, Affiliate members may link their URL to the Association website within the Affiliate Membership list. Please check here if you would like to link your URL.

COMPANY INFORMATION: (Please print legibly)

If Partnership, indicate all partner names with the senior Partner first.

If Corporation, please list the names and positions of the Officers of the Corporation:

Chartered in what State? _____

COMPANY CLASSIFICATION: (Your company and its member representative will be listed in the Association website (www.mcrealtors.org) within the one category as indicated below.)

- Appraisal Bank Construction Education Financial Home Maintenance Inspection
 Mortgage Professional Services Publication Title Unclassified _____

REPRESENTATIVE INFORMATION:

REPRESENTATIVE NAME: _____ Primary Secondary

HOME ADDRESS: _____

TELE: _____ FAX: _____ E-MAIL: _____

Preferred method of written correspondence: Postal Mail Home Address / Company Address Fax E-Mail

The Montgomery County Association of REALTORS® **requires** that Affiliate Members be certified by the appropriate trade-related regulatory body as may be prescribed by law.

Professional Certifications/Designations: (please list all that apply) _____

Other REALTOR® Association Membership: _____

Areas of Interest and/or Expertise:

- Finance Fundraising Communications Dispute Resolution Education/Training Advertising/PR/Marketing Meetings/Conventions Technology

I am / am NOT interested in membership on the Affiliate Advisory Group

I hereby certify that all of the statements and facts as set-forth above are true and correct. Furthermore, I agree to advise MCAR of any change in status regarding professional certification(s), and authorize payment as indicated below:

Date: _____ Signed: _____

Method of Payment Enclosed: Charge my Visa / Mastercard (circle one) Check payable to MCAR Amount \$ _____
 Account # _____ Exp Date: _____

*NOTE: Affiliate Membership in MCAR is based on payment type. If dues are remitted on a company check/credit card, membership is extended to the company. In the event that the representative is no longer affiliated with the company, membership is transferred to a new representative. If dues are remitted via personal check or credit card, membership transfers with the individual to his/her new company.