



APPLICATION FOR AFFILIATE MEMBERSHIP

Affiliate Members are owners and other individuals or firms who, while not engaged in the real estate profession, have interests requiring information concerning real estate and are in sympathy with the objectives of the Board.

I hereby apply for Affiliate Membership in the Kosciusko Board of REALTORS® (KBOR).

Annual Affiliate Dues: \$200 (or pro-rated amount) which includes the Firm's Primary Responsible Member and (1) Additional Member. Additional Individual Members: \$25 per year.

Application Fees and Dues: Enclosed is payment in the amount of \$_____ for membership dues payable directly to the Kosciusko Board of REALTORS® (KBOR). I understand that my dues will be returned to me in the event of non-election.

Qualification for Membership: I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors.

I hereby submit the following information for consideration of my application. (If additional detail is needed, please include separate documentation.)

PRIMARY RESPONSIBLE AFFILIATE CONTACT – PERSONAL INFORMATION:					
First Name			Middle Name		
Last Name			Suffix	<input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> Etc.	
Nickname (DBA):					
Home Address:					
City:		State:		Zip:	
Home Phone:			Cell Phone:		
Fax:					
Primary E-mail:			Secondary E-mail:		

AFFILIATE COMPANY INFORMATION:			
Office Name:			
Office Address:			
Office Phone:		Fax:	
Your position:			
Type of Business:			

ADDITIONAL MEMBER INFORMATION BESIDES PRIMARY AFFILIATE CONTACT			
First Name:			Last Name:
Phone Number:			Email:
First Name:			Last Name:
Phone Number:			Email:

ADDITIONAL MEMBER: \$25 ANNUAL	
First Name:	Last Name:
Phone Number:	Email:
First Name:	Last Name:
Phone Number:	Email:

ADDITIONAL MEMBER: \$25 ANNUAL	
First Name:	Last Name:
Phone Number:	Email:
First Name:	Last Name:
Phone Number:	Email:

Primary Responsible Member INFORMATION:	
Are you currently an Affiliate member of any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, name of Association(s)	
Have you ever been refused Affiliate membership in any other Association of REALTORS®? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, state the basis for each such refusal and detail the circumstances related thereto:	
Is the office address provided above your principal place of business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, or if you have a branch office, please provide that address:	Address:
	City: State: Zip:
Do you hold, or have you ever held, a real estate license in Indiana or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If so current License information:	Issue Date: License Number:

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted. **NOTE:** Payments to the Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

Dated: _____ Signature: _____

<u>Annual Pro-Ration</u>	<u>Additional Members Pro-Ration</u>
Annual: \$200.00 (January Thru December)	Annual: \$25.00 (January thru December)
\$150.00 (April thru December)	\$18.75 (April thru December)
\$100.00 (July thru December)	\$12.50 (July thru December)
\$50.00 (October thru December)	\$6.25 (October thru December)

