

## AFFILIATE MEMBERSHIP APPLICATION

Applicant Name:			
Company Name: _			
Company Address	:		
Telephone #: (	)	Fax #	Cell #
E-mail address:			
Are you an active	licensed REALTOR?	9YESN	NO If so, with what Association are you a
Member?			
Type of Business:			
Professional Licen	se #		
Services Provided	by your Company:		
shall pay the fees January of each ye	and dues as from t ear and due within	ime to time establish	orth Central Indiana Association of Realtors, Inc, I ned. Dues are payable on an annual basis sent in g date for renewal of your affiliate membership.
		(Signature)	(Typed, printed signature)

Application and fee of \$150\* should be sent to: North Central Indiana Association of REALTORS, Inc, 409 N Michigan St, Plymouth, IN 46563. Checks are to be made payable to: NCIAR
\*After July 1, the application fee is \$75. Renewal of Annual Dues is \$150 per calendar year in January.

## Please include a copy of proof of insurance and a business card with your application.