

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.