



Application for AFFILIATE Membership

For Office Use Only	
NRDS #:	_____
Date Received:	_____ Amount Paid: _____
Published Date:	_____
Approval Date:	_____
Payment Method:	_____

I hereby apply for AFFILIATE membership in the Little Rock REALTORS® Association, Inc., and enclose my check in the amount of **\$100.00** for a one-time application fee and \$_____ for my yearly dues payable to the Little Rock REALTORS® Association, Inc., which I understand will be returned to me in the event I am not accepted to membership. I consent and authorize the Board, through its Membership Committee or otherwise, to invite and receive information and comment about me from any Member or other person, and I agree that any information and comment furnished to the Board by any Member or other person in response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.

NOTE: Applicant acknowledges that the board/association will maintain a membership file of information which may be shared with other boards/associations where applicant subsequently seeks membership. This file shall include previous applications for membership.

NOTE: Dues payment to the Little Rock REALTORS® Association, Inc., are not tax deductible as charitable contributions. Portions of such payment may be tax deductible as ordinary and necessary business expenses.

I hereby submit the following information for your consideration:

Applicant's Name: _____ Nickname: _____

Company Name: _____

Company Physical Address: _____

City/State: _____ Zip: _____

Company Mailing Address: _____

City/State: _____ Zip: _____

Company Phone: (_____) _____ Company Fax: (_____) _____

Cell Number: (_____) _____ Company Tax ID Number: _____

Company Information: Sole proprietor DBA Partnership Corporation

Your Position with Firm: Principal Partner Corporate Officer Employee

Branch Office Manager Independent Contractor

If "other," please explain: _____

Email Address: _____ Web site: _____

I agree that, if accepted for Membership in the Board, I shall pay the fees and dues as from time to time established.

Applicant Signature: _____ Date: _____