

APPLICATION FOR AFFILIATE MEMBERSHIP

I hereby apply for Affiliate Membership at South Bend Area REALTORS® (“the Association”). I understand membership is final only upon approval by the Board of Directors.

CONTACT INFORMATION:					
First Name:		Middle Initial:			
Last Name:		Suffix	<input type="checkbox"/> Jr, <input type="checkbox"/> III, <input type="checkbox"/> Sr, <input type="checkbox"/> Etc.		
Nickname (DBA):					
Last 4 Digits SSN:					
Home Address:					
City:		State:		Zip:	
Home Phone:		Cell Phone:			
Fax:					
Primary E-mail:		Secondary E-mail:			
Website:					
May the Association communicate with you via text message?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

COMPANY INFORMATION:			
Office Name:			
Office Address:			
Office Phone:		Fax:	
Company Website:			

PREFERRED MAILING/CONTACT INFORMATION:			
Preferred Phone:	<input type="checkbox"/> Home	<input type="checkbox"/> Office	<input type="checkbox"/> Cell
Preferred E-mail:	<input type="checkbox"/> Primary E-mail	<input type="checkbox"/> Secondary E-mail	
Preferred Mailing:	<input type="checkbox"/> Home	<input type="checkbox"/> Office	
Mail Publications to:	<input type="checkbox"/> Home	<input type="checkbox"/> Office	

APPLICANT INFORMATION:	
Have you ever been a member of South Bend Area REALTORS®?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what years?	

Are you subject to any bankruptcy or insolvency proceedings? Yes No

If yes, provide details.	
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Do you have financial problems which could jeopardize those doing business with you? Yes No

If yes, please provide details.

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Have you ever been convicted of a felony and/or misdemeanor other than a traffic violation?
 Yes No

If yes, provide details:	
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PLEASE LIST 3 BUSINESS REFERENCES: (Name, Company, & Phone Number)
1.
2.
3.

I HEREBY APPLY FOR MEMBERSHIP IN THE SOUTH BEND AREA REALTORS®

- A. Submit a one-time application fee for \$150.00 which will be refunded if I am not elected into membership;
- B. Agree to abide by the Bylaws and Rules & Regulations of the above-named Association;
- C. Consent to the Association’s authorized representatives’ inviting & receiving comments about me from any member or other person;
- D. Agree that any information received in connection with this application shall be conclusively deemed to be privileged & not form basis of any civil action by me (slander, libel, defamation, fraudulent misrepresentation, invasion of privacy, etc.);
- E. Waive, irrevocably, any & all claims against the Association, its officers, directors, directors & members for failing to elect me to membership;
- F. Certify that the information provided in this application is true & correct;
- G. Understand that failure to provide complete & accurate information or any misstatement of fact will be grounds for termination of my membership should it be granted.

Signature: _____ Date: _____

DUES & FEES FOR AFFILIATE MEMBERSHIP

Local Membership Fee (Mandatory) + One-time Application fee (\$150):

Total Cost (see table below): \$ _____

Method of Payment: <input type="checkbox"/> Check <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover Make Check Payable to: South Bend Area REALTORS®
Amount Enclosed/Charge to the Card: _____
Credit Card # _____ Exp Date ____/____ CCV ____
Billing Address: _____
Billing City/State/Zip: _____
Signature of Cardholder: _____

2021 ASSOCIATION DUES PRORATION

Month	Dues	Application Fee	TOTAL
January	\$175.00	\$150.00	\$325.00
February	\$160.38	\$150.00	\$310.38
March	\$145.80	\$150.00	\$295.80
April	\$131.22	\$150.00	\$281.22
May	\$116.64	\$150.00	\$266.64
June	\$102.06	\$150.00	\$252.06
July	\$87.48	\$150.00	\$237.48
August	\$72.90	\$150.00	\$222.90
September	\$58.32	\$150.00	\$208.32
October	\$43.74	\$150.00	\$193.74
November	\$29.16	\$150.00	\$179.16
December	\$14.58	\$150.00	\$164.58

