

APPLICATION FOR SECONDARY AFFILIATE KEY ACCESS

CONTACT INFORMATION:				
First Name	Middle Initia	al		
Last Name	Suffix 🗌 Jr,	, 🗌 III, 🛄 Sr, 🛄 Etc.		
Cell Phone:	Email:			

COMPANY INFORMATION:			
Office Name:			
Office Address:	s:		
Office Phone:			

APPLICANT INFORMATION:				
Are you a current affiliate member of South Bend Area REALTORS®? 🗌 Yes 🔲 No				
If no, have you submitted an affiliate application for membership? 🗌 Yes 🗌 No				
Has your membership in a Board of REALTORS [®] ever been refused, suspended, or terminated? (voluntarily or involuntarily) Yes No				
es, please provide details:				
Have you ever been convicted of a felony and/or misdemeanor other than a traffic violation?				
es, please provide details:				
Are there currently any civil or criminal suits pending against you? Yes No				
es, please provide details:				
Are you now subject to any unpaid judgments? Yes No				
es, please provide details:				
Will be doing business in (check one or both): St. Joseph County 🗌 Elkhart County				



I HEREBY APPLY FOR SECONDARY AFILLIATE KEY ACCESS IN THE SOUTH BEND AREA REALTORS®

I understand Key Access is final only upon approval by the Board of Directors.

To be considered by the MLS Directors to possess a Supra Key, an individual must fulfill the following requirements and complete the application below:

- 1) Pay a one-time processing fee of \$25.00
- 2) The Primary Affiliate member must approve by signing this application.

Applicant must also:

- A. Agree to abide by the rules and regulations of the Supra E-Key/Keybox Lease Agreement;
- B. Agree that the information provided above is true and correct.

Dated: _____ Signature: _____

Signature of Primary Affiliate: _____