# APPLICATION FOR AFFILIATE MEMBERSHIP

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| **Contact Information:**   |
| First Name: |        | Middle Initial: |        |
| Last Name: |        | Suffix [ ]  Jr, [ ]  III, [ ]  Sr, [ ]  Etc. |        |
| Nickname (DBA): |        |
| 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? |  [ ]  Yes [ ]  No |

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| **Company Information:**  |
| Office Name: |        |
| Office Address: |        |
| Office Phone: |        | Cell: |        |

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| **Preferred Mailing/Contact Information:**  |
| Preferred Phone: [ ]  Home [ ]  Office [ ]  Cell |   |
| Preferred E-mail: [ ]  Primary E-mail [ ]  Secondary E-mail |   |
| Preferred Mailing: [ ]  Home [ ]  Office  |
| Mail Publications to: [ ]  Home [ ]  Office  |

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| Applicant Information: |
| Have you ever been a member of South Bend Area REALTORS®? [ ]  Yes [ ]  No |
| If yes, what years? |        |
| Are you subject to any bankruptcy or insolvency proceedings? [ ]  Yes [ ]  No |
| If yes, provide details. |         |
| Do you have financial problems which could jeopardize those doing business with you? [ ]  Yes [ ]  No |
| If yes, please provide details. |
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**I HEREBY APPLY FOR MEMBERSHIP IN THE SOUTH BEND AREA REALTORS®**

1. Submit a one-time application fee for $150.00 which will be refunded if I am not elected into membership;
2. Agree to abide by the Bylaws and Rules & Regulations of the above-named Association;
3. Consent to the Association’s authorized representatives’ inviting & receiving comments about me from any member or other person;
4. 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.);
5. Waive, irrevocably, any & all claims against the Association, its officers, directors & members for failing to elect me to membership;
6. Will provide a Certificate of Liability.
7. Certify that the information provided in this application is true & correct;
8. 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.

Dated: Signature:

# DUES & FEES FOR AFFILIATE MEMBERSHIP

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

Total Cost (see table below): $\_\_\_\_\_\_\_\_\_

**2025 ASSOCIATION DUES PRORATION**

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| **Month** | **Dues** | **Application Fee** | **TOTAL** |
| **January** | $175.00 | $150.00 | $325.00 |
| **February** | $160.42 | $150.00 | $310.42 |
| **March** | $145.83 | $150.00 | $295.83 |
| **April** | $131.25 | $150.00 | $281.25 |
| **May** | $116.67 | $150.00 | $266.67 |
| **June** | $102.08 | $150.00 | $252.08 |
| **July** | $87.50 | $150.00 | $237.50 |
| **August** | $72.92 | $150.00 | $222.92 |
| **September** | $58.33 | $150.00 | $208.33 |
| **October** | $43.75 | $150.00 | $193.75 |
| **November** | $29.17 | $150.00 | $179.17 |
| **December** | $14.58 | $150.00 | $164.58 |