# 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 | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 | | |

|  |  |  |
| --- | --- | --- |
| 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. | |
|  | |

**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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |