

SOUTH PADRE ISLAND BOARD OF REALTORS®

...serving the Laguna Madre Area

APPLICATION FOR AFFILIATE MEMBERSHIP

Please circle which membership class you are applying:

Affiliate

Public Service

Honorary

Student

Name of firm: _____

Type of Business: _____

Contact person: _____

Mailing Address: _____

Phone _____ Fax _____

Email address _____

Are you a member of an Institute, Society or Council affiliate with the NATIONAL ASSOCIATION OF REALTORS®? _____

If yes, please indicate the name of the affiliate: _____

What professional designations, if any, do you hold? _____

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, may be grounds for revocation of my membership, if granted.

Signature: _____ **Date:** _____

BOARD OFFICE USE ONLY

Local Dues Break Down:

\$ _____ Application Fee \$ _____ Local Dues \$ _____ Other

MLS Fees Break Down:

\$ _____ Application Fee \$ _____ Quarterly Amount \$ _____ Lock Box Key \$ _____ Other