



AFFILIATE APPLICATION FOR MEMBERSHIP

I, _____ hereby apply for Affiliate membership in the North Oakland County Board of REALTORS® and enclose payment in the amount of \$_____, which I understand will be returned to me in the event I am not accepted.

NOTE: Applicant acknowledges that if accepted as a Member and he/she subsequently resigns or is expelled from membership in the Board, that the membership is non-transferable and no refunds will be dispersed for early membership cancellation.

I hereby submit the following information for your consideration:

Name _____

Firm Name _____

Office Address _____
(Street) (Suite or Other)

(City) (State) (Zip Code)

(Phone Number) (Fax Number) (E-mail Address)

Date _____ 20 _____

Signed: _____

January 1 – March 31	\$220.00
April 1 – June 30	\$188.75
July 1 – September 30	\$157.50
October 1 – December 31	\$126.25