



AFFILIATE MEMBERSHIP APPLICATION

I hereby apply for Affiliate Membership in the Central Carolina Association of REALTORS, Inc. I agree to abide by the Constitution, Bylaws and Rules and Regulations of the above named Association. I consent that the Association, through its Membership Committee or otherwise, may invite and receive information and comment about me from any other person, and I further agree that any information and comment furnished to the Association in response to the invitation shall be deemed to be privileged and not form the basis for any action by me for slander, libel, or defamation of character.

I hereby submit the following information for your consideration:

Full Name _____

Home Address _____ City _____ Zip _____

Email Address _____

Firm's Name _____

Firm's Mailing Address _____ City _____ Zip _____

Home/Cell Phone _____ Firm Phone _____ Firm Fax _____

Position with firm _____

Please check one of the following:

Primary Member _____ Corporate Membership _____

Please check one of the following to receive mail:

Firm _____ Home _____

Dues

Application Fee _____ Dues _____ Total _____

Date _____ Signature _____

*Dues payments to the Central Carolina Association of REALTORS®, Inc. are not tax deductible as charitable contributions. Portions of such payments may be tax deductible as ordinary and necessary business expenses.