



**2020 Affiliate
Membership Application**

WELCOME TO YOUR REALTOR® ASSOCIATION. *You are becoming a member of the world's largest professional association, joining others who are committed to protecting and promoting private ownership of real property while maintaining high ethical standards. As your trade association, we are dedicated to providing you with support and services that help you conduct your business ethically, professionally, and profitably, and we unite with you in creating a strong voice for home ownership and the real estate profession.*

PLEASE CHECK YOUR APPROPRIATE MEMBERSHIP TYPE BELOW:

PRIMARY AFFILIATE – Associated with the real estate industry but not an active real estate or appraiser licensee. Please submit dues amount below. Dues are prorated monthly, as shown below. **There is an additional \$30.00 application fee** (waived for previous or transfer members). DUES ARE NON-REFUNDABLE. See reverse side for payment options.

LOCAL ONLY:

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
\$125	\$114.58	\$104.06	\$93.74	\$83.32	\$72.90	\$62.48	\$52.06	\$41.64	\$31.22	\$20.80	\$10.38

TOTAL WITH STATE (OPTIONAL):

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
\$410.00	\$375.83	\$341.66	\$307.49	\$273.32	\$239.15	\$204.98	\$170.81	\$136.64	\$102.47	\$68.30	\$34.13

AFFILIATE ASSOCIATE – Associated with an existing Primary Affiliate member of CCB. My Primary Affiliate member is _____
The dues amount for an Affiliate Associate is \$55.00. Dues are **NON-REFUNDABLE.** See reverse side for payment options.

FIRST NAME: _____ MIDDLE INITIAL: _____

LAST NAME: _____ GENERATION (Jr., Sr., II, etc.): _____

OFFICE NAME: _____

OFFICE ADDRESS: _____

OFFICE CITY: _____ STATE: _____ ZIP CODE: _____

OFFICE PHONE: _____ OFFICE FAX: _____

HOME ADDRESS: _____

HOME CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____ WEBSITE: _____

PHONE 1: _____ CELL HOME OFFICE OTHER

PHONE 2: _____ CELL HOME OFFICE OTHER

I PREFER U.S. MAIL TO BE SENT TO MY HOME or OFFICE

HAVE YOU EVER PREVIOUSLY HELD MEMBERSHIP IN ANY OTHER REALTOR® ASSOCIATION/BOARD? NO YES

If yes, which one(s): _____

BY MY SIGNATURE BELOW, I CERTIFY THE ACCURACY OF THIS APPLICATION FOR MEMBERSHIP.

Signature: _____ Date: _____



PLEASE SUBMIT THIS APPLICATION WITH PAYMENT TO CCBR BY ONE OF THE FOLLOWING OPTIONS:

:

Credit Card: Call CCBR Executive Officer, Mary Burke, 503-679-7590 with your payment information.

MAIL: Columbia County Board of Realtors®
135 Pheasant Run Dr.
Porter, IN 46304

E-MAIL: admin@CCBRboard.org

Questions? Call Mary Burke at 503-679-7590.

<u>OFFICE USE ONLY</u>	
NRDS #:	_____
ID #:	_____
EC #:	_____
DATE:	_____