



**Lapeer and Upper Thumb Association of REALTORS®**

208 E Genesee Street

Lapeer, MI 48446

Phone: 810-664-0271 Fax: 810-664-6750

**Affiliate Application for Membership**

I hereby apply for AFFILIATE Membership in the Lapeer and Upper Thumb Association of REALTORS®. Enclosed is my check, which is to be returned to me in the event of non-election. In the event of my election, I agree to abide by the Constitution, By-laws, Rules and Regulations, and the Code of Ethics of the Lapeer and Upper Thumb Association of REALTORS®, the Michigan Association of REALTORS®, and the National Association of REALTORS®. I irrevocably waive all claims against the Association or any of its Officers, Directors, or Members, for any act in connection with the business of the Association and particularly as to its or their acts in electing or failure to elect, advancing, suspending, expelling, or otherwise disciplining me as an applicant or as a Member. Upon the expiration of the said Membership for any cause, I will return to the Association all certificates, signs, seals, or other indications of membership in the Association, the Michigan Association of REALTORS®, and the National Association of REALTORS®.

Name: \_\_\_\_\_  M  F

Firm Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Street

\_\_\_\_\_

City

State

ZIP

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street

\_\_\_\_\_

City

State

ZIP

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

I hold a Real Estate Salesperson's or Broker's License.  Y  N

Check the appropriate line:  Individual  DBA  Partnership  Corporation

My title or position with the firm: \_\_\_\_\_

If in a Corporation, list the Partners and Associate Officers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE COMPLETE REVERSE**

List at least two members of your Association or other Associations or Board in connection to the applicant:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

List at least two personal references in connection with the applicant:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

I agree to pay the established fee as long as I remain a member of this Association and understand that dues are paid once a year on January 1st. *Current fees are \$100.00 for a new affiliate office (one-time only), which is not subject to prorating.*

**Fees for New Affiliates to Join Lapeer and Upper Thumb Association of REALTORS®**

Fees are prorated for the month in which the affiliate joins.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
\$150.00	\$137.50	\$125.00	\$112.50	\$100.00	\$87.50	\$75.00	\$62.50	\$50.00	\$37.50	\$25.00	\$12.50

**One Time New Office Fee: \$100.00**

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I further agree and understand that the Association will from time to time send me communications concerning my membership and Association activities by regular mail, by fax, and/or by e-mail or other electronic means, and by my signature below I expressly consent to such communication.

Your check must be made payable to the Lapeer and Upper Thumb Association of REALTORS® and must accompany this application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_