

Lapeer and Upper Thumb Association of REALTORS®

410 W Nepessing Street * Suite 105 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 payment, 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:		MF					
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 I	Broker's LicenseYN						
Check the appropriate line: Indiv	vidual DBA Partnersh	nip Corporation					
My title or position with the firm:							
If in a Corporation, list the Partners a	nd Associate Officers:						

PLEASE COMPLETE NEXT PAGE

List at le applican	ast two n t:	nembers (of your A	ssociatio	n or oth	er Assoc	ciations	or Board	d in com	nection t	o the
1	Phone:										
2	Phone:										
List at le	ast two p	ersonal r	eferences	in conne	ection w	ith the a	pplicant	:			
1	1Phone:										
2Phone:											
that dues	o pay the sare paid e only), w	once a your once a	ear by De ot subjec	ecember 3 t to prore Lapeer	31st. Cu uting. and Up	irrent fe per Thu	es are \$ ımb Ass	100.00 j sociatio	^f or a nev n of RE	v affiliat	te office
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 Tin	ne New C	Office Fee	e: \$100.0	0							
concerni	agree and my mo	embershi	p and Ass	sociation	activitie	es by reg	gular ma	il, by fa	x, and/o	r by e-m	nail or
	yment car humb As										
Signature of Applicant:					Date:						