



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.

PLEASE SUBMIT YOUR LOGO TO TONYA@NOCBOR.COM.

I hereby submit the following information for your consideration:

Name: _____

Firm Name: _____

Office Address: _____
(Street) (Suite or Other)

(City) (State) (Zip Code)

(Phone Number) (E-mail Address)

Date: _____ 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

By signing this application I consent that the Realtor® Association and their subsidiaries, (e.g., MLS) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership. Add 2% processing fee to all credit card payments. Checks returned for account closed or NSF will be assessed a \$25 fee.

All major credit cards are accepted # _____

Expiration Date: _____ Billing Zip Code: _____ 3 digit sec. code: _____ 4 digit sec. code: _____
(AmEx Only)

[Click here to submit completed application to: millie@nocbor.com](mailto:millie@nocbor.com)