

APPLICATION FOR AFFILIATE MEMBERSHIP

PRINCIPAL CONTACT NAME: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

MAILING ADDRESS (if different from above): _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **MOBILE:** _____ **FAX:** _____

EMAIL: _____ **WEBSITE:** _____

TYPE OF BUSINESS (25 word description of your product or service): _____

Check the category that best describes your business:

- | | | |
|--|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Consultant/Planner | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Appraisal | <input type="checkbox"/> Developer | <input type="checkbox"/> Press/Media |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Home Inspection | <input type="checkbox"/> Printing/Publishing |
| <input type="checkbox"/> Banking/Lending | <input type="checkbox"/> Home Maintenance/Services | <input type="checkbox"/> Property Management |
| <input type="checkbox"/> Builder | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Club | <input type="checkbox"/> Insurance | <input type="checkbox"/> Surveying/Engineering |
| <input type="checkbox"/> Computers/Communication | <input type="checkbox"/> Pest Control | <input type="checkbox"/> Other _____ |

MEMBERSHIP DUES: \$375.00 including Principal Each Participating Associate: \$100.00 (page 2)

TOTAL _____

PAYMENT:

CHECK _____ **MC** ___ **VI** ___ **AMEX** ___ **DC** ___ **CC NUMBER** _____

Exp _____ **CSV** _____

By the submission of this form and my signature below, I hereby grant the Hilton Head Area Association of Realtors® permission to contact me via mail, FAX, email, telephone or other appropriate means; include my BUSINESS information, with the exception of email address, on mailing lists provided to Members and Affiliate Members when requested, and publish use photos taken at Association functions which may contain my image on social media sites, website site and in advertising.

SIGNATURE _____ **DATE** _____

REFERRED BY _____

ADDITIONAL PARTICIPATING ASSOCIATE MEMBERS

The follow Associates of our company also want to receive the benefits of REALTOR® Affiliate Membership:

NAME: _____

EMAIL _____ **PHONE** _____ **MOBILE** _____

NAME: _____

EMAIL _____ **PHONE** _____ **MOBILE** _____

NAME: _____

EMAIL _____ **PHONE** _____ **MOBILE** _____

NAME: _____

EMAIL _____ **PHONE** _____ **MOBILE** _____

NAME: _____

EMAIL _____ **PHONE** _____ **MOBILE** _____
