



32 Office Park Rd. Ste 124
Hilton Head Island, SC 29928
843-842-2421 or info@HHRealtor.com
www.HHRealtor.com

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: _____

Check the category that best describes your business:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Financial Advisor | <input type="checkbox"/> MLS Services | <input type="checkbox"/> Printing/Publishing |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Home Decor | <input type="checkbox"/> Pest Control | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Home Inspections | <input type="checkbox"/> Photography | <input type="checkbox"/> Senior Living |
| <input type="checkbox"/> Builder | <input type="checkbox"/> Home Maintenance Services | <input type="checkbox"/> Pool Services | <input type="checkbox"/> Surveying |
| <input type="checkbox"/> Builder | <input type="checkbox"/> Home Staging | <input type="checkbox"/> PreLicense Classes | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Club/HOA | <input type="checkbox"/> Home Warranty | <input type="checkbox"/> Press Media | <input type="checkbox"/> Videography |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Insurance | <input type="checkbox"/> Property Mgt Long Term | <input type="checkbox"/> Virtual Tours |
| <input type="checkbox"/> Content Writer | <input type="checkbox"/> Interior Design | <input type="checkbox"/> Property Mgt Short Term | <input type="checkbox"/> Water Treatment |

MEMBERSHIP DUES: Presenting (\$2,000-3 co. per industry) Corporate (\$1,200) Partner (\$375)

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. Membership runs calendar year, January – December.

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** _____