



APPLICATION FOR AFFILIATE MEMBERSHIP

I hereby apply for Affiliate Membership in the Southeast Minnesota Association of REALTORS®. Enclosed is my check for \$100 for my primary membership or \$25 for secondary membership. (Pro-rated to \$50 for primaries joining between April 1 and September 30 – no pro-ration for secondary memberships.) I have received information concerning the privileges and benefits my membership will bring. I agree to abide by the Bylaws of the Association. I agree to receive mailings, faxes and emails from the Association concerning its related or affiliated programs, products or services via the contacts listed below.

Name _____

Company Name _____

Type of business _____

Office Address _____

City _____ State _____ ZIP _____

Phone _____ Cell _____

E-mail _____

Web site address _____

Indicate any committee on which you would like to serve:

_____ Member Services Committee (Includes Golf Tournaments and Holiday Party planning, Fundraisers; Make A Difference Day, etc.)

_____ Community & Political Affairs

_____ Professional Development

_____ Media Committee

Signed _____ Date _____