



**GLOUCESTER SALEM COUNTIES BOARD OF REALTORS®**

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Member of the National Association of REALTORS®

**APPLICATION FOR AFFILIATE MEMBERSHIP**

**To: The Gloucester Salem Counties Board of REALTORS®**

I hereby apply for AFFILIATE MEMBERSHIP in the above named Board. In the event of my election, I agree to abide by the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, and the Constitution, Bylaws and Rules and Regulations of the above named Board, the State Association and the National Association. I consent that the Board, through its Membership Committee or otherwise, may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Board by any person in response to the invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.

**I hereby submit the following information for your consideration:**

Name(s) to be shown on mailing list: **(Please print clearly)**

**Primary Person** \_\_\_\_\_

**Email Address of Primary** \_\_\_\_\_

**Secondary Person** *(if applicable)* \_\_\_\_\_

**Email Address of Secondary** \_\_\_\_\_

Name of Firm \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Web Page Address: \_\_\_\_\_

Specialization(s): \_\_\_\_\_

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**PAYMENT INFORMATION**

Dues Payment \$ \_\_\_\_\_ Total Amount Remitted \$ \_\_\_\_\_

Payment Method:  Cash  Check# \_\_\_\_\_  Visa  MasterCard  Discover  Amex

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
( Please print clearly)

Billing Address \_\_\_\_\_

Zip Code \_\_\_\_\_ Signature \_\_\_\_\_ Card Security Code \_\_\_\_\_

I AGREE THAT, IF ACCEPTED FOR MEMBERSHIP IN THE BOARD, I SHALL PAY THE FEES AND DUES AS FROM TIME TO TIME ESTABLISHED.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_