

MEMBERSHIP APPLICATION

OFFICE INFORMATION

Company Name:

Address:

Phone:

Fax:

Web Page:

City:

State:

ZIP Code:

INDIVIDUAL INFORMATION

Name:

Address:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position:

Preferred Name for Advertising Purposes:

Golf Sponsorship:

Hole# Preference? _____

Would you be interested in sponsoring: (please circle)

New Member Orientation Continuing Education Lunch & Learn

Annual Meeting Broker Meeting RPAC Fundraiser Director Meeting

Referred by: _____

SIGNATURE

In compliance with the provisions of the bylaws of the Central Iowa Board of REALTORS, I hereby make application for affiliate membership. I agree that, if accepted for membership in the association, I shall pay the fees and dues as established. I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted.

Signature:

Date:

ADDITIONAL INFORMATION IF OBTAINING A SUPRA LOCKBOX KEY – ADDITIONAL FEE REQUIRED

Have you ever been convicted of a felony? ____ Yes ____ No

Are you presently or have you previously been a member of any other Association of REALTORS? Yes ____ No ____

If yes, state the association name and dates of membership: _____

REFERENCES

Please list two references that belong to this association that we could refer to:

BELOW IS FOR OFFICE USE ONLY

Date Joined _____ Office Code _____ Amount \$ _____ Payment Method _____