## NEW ORLEANS METROPOLITAN ASSOCIATION OF REALTORS® INC



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## **Affiliate Membership Application**

| Name of Primary Affiliate:        |                     |              |            |        |
|-----------------------------------|---------------------|--------------|------------|--------|
| Name of Secondary Affiliate:      |                     |              |            |        |
| Company Name:                     |                     |              |            |        |
| Company Address:                  |                     |              |            |        |
| Social Security #:                |                     |              |            |        |
| Type of Business:                 |                     |              |            |        |
| Contact Phone:                    |                     | Fax Phone:   |            |        |
| E-Mail Address:                   |                     |              |            |        |
| Company Web Site URL:             |                     |              |            |        |
| Would you like to serve on commi  | ttees?   Yes        | □ No         |            |        |
| If you answered "yes" above, what | are your interests? |              |            |        |
|                                   | Affiliate           | e Dues       |            |        |
| Туре                              | Per Year            | Per 1/2 Year |            |        |
| Primary                           | \$200.00            | \$100.00     |            |        |
| Secondary (Additional members)    | \$ 50.00            | \$ 25.00     |            |        |
| Do you hold an active Real Estate | license?No _        | Yes If Yes,  | _Broker or | Agent) |
| If yes, Of what Board are you a m | nember?             |              |            |        |
| Signature                         |                     | Title        |            |        |
| Remittance Enclosed: \$           | I                   | Date:        |            |        |