



APPLICATION FOR AFFILIATE MEMBERSHIP

I, _____ here by apply for Affiliate Membership in the above named Association, and enclose my check in the amount of \$ _____, which I understand will be returned to me in the event I am not accepted for membership. Checks shall be made payable and mailed to:
MCAOR, 1501 4th Avenue SE, Decatur, AL 35601

Business Name: _____

Business Address: _____

Business Phone Number: _____ Fax Number: _____

E-mail Address: _____

Is the office address as stated above, your principal place of business? ☐ Yes ☐ No

If you answered no, or you have any branch offices, please indicate and provide address:

Home Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Preferred Mailing Address: ☐ Home ☐ Office

Preferred Phone Number: ☐ Home ☐ Office ☐ Mobile

Do you have an active real estate license: ☐ Yes ☐ No

Are you **presently** a member of any other real estate Association/Board that is affiliated with the National Association of REALTORS®?

☐ Yes ☐ No If yes, which association(s) and type of membership do you hold?

Have you **previously** held membership in any other real estate Association/Board?

☐ Yes ☐ No If yes, which association(s), type of membership held, and date membership held?

Have you ever been refused membership in any other real estate Association/Board?

☐ Yes ☐ No If yes, state basis for each refusal and details related thereto:

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, will be ground for revocation of my membership if granted.

Signature _____

Date _____