



Lake Placid Board of Realtors®

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AFFILIATE MEMBERSHIP APPLICATION

Applicant's Name _____ Date _____

Business Address _____ Zip _____

Email _____

I hereby apply for affiliate membership in the LAKE PLACID BOARD OF REALTORS® and certify that:

1. I am not associated with a firm selling real property.
2. I do not hold an active real estate license.
3. I am associated as _____ (title) with the following organization having objectives related to the objectives of the LAKE PLACID BOARD OF REALTORS®.

Name of Organization _____

Address _____

Ph _____ Fax _____

I prefer to receive mail at my OFFICE _____ HOME _____

4. My check (number) _____ dated _____ in the amount of **\$200.00** is enclosed and covers the annual affiliate membership dues through Dec. 31, 2009, which as of January 1, 2009 are \$150.00 plus a one-time processing fee of \$50.00.
5. I understand that this category of membership does not entitle me to use the designation of REALTOR® or REALTOR®-ASSOCIATE, or the REALTOR® logo.

Signature of Applicant _____