



An Association Created by REALTORS® for REALTORS® In the 21st CENTURY

### Application for Affiliate Membership

Application Type:  Affiliate  Affiliate Associate (Company must already have an affiliate membership with CPAR)

Applicant Name \_\_\_\_\_

Home Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Fax # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Web Site: \_\_\_\_\_

Type of Business (title co., home inspect., etc.): \_\_\_\_\_

Mail Preference:  Business  Home  E-mail

Payment Preference:  Check  Credit Card

#### Type of Membership

**Initial Primary** (January 1—December 31) Annual Fee \$140.00 (Dues \$90.00; Application Fee \$50.00)

**Primary Renewal** \$90.00 Annual.

**Renewal Additional Associate** Annual Fee \$35.00.

I hereby apply for Affiliate Membership in the Central Pasco Association 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 and I am not eligible for REALTOR® membership.
3. I am associated as a/an \_\_\_\_\_ with the above organization having objectives related to the Central Pasco Association of REALTORS®.
4. I understand that this category of membership does not entitle me to hold elective office, voting privileges, the use of the designation REALTOR® or the emblem of the NATIONAL ASSOCIATION OF REALTORS® logo.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**MAILING ADDRESS:**

27642 Cashford Circle Suite 110 Wesley Chapel, FL 33544

~ Phone: 813-406-6081 ~ Fax: 813-712-2865 ~ Info@CentralPascoREALTORS.org