

AFFILIATE APPLICATION

AFFILIATE DUES FOR TRISTATE MEMBERSHIP ARE STRUCTURED AS FOLLOWS:

1 member - \$330.00 / 2 members \$445.00 / 3 members \$560.00 / 4 members \$625.00

(1). Company Representative: _____ email _____

(2). Company Representative: _____ email _____

(3). Company Representative: _____ email _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____ Website: _____

Field of Expertise / Nature of Business: _____

If membership was recommended by a TriState member, please indicate name: _____

You are authorized to refer to the following REALTORS® who know me:

(Name)	(Office)	(Phone)
_____	_____	_____
_____	_____	_____

(Name)	(Office)	(Phone)
_____	_____	_____

Are you a member of any other Trade / Professional Association: () Yes () No

If "YES", please name: _____

How many years have you been in this business? _____

REALTOR® Association Marketing Consent

I understand that by providing above my mailing address(es), email address(es), telephone number(s), and fax number(s), I consent to receive communications sent from TriState REALTORS® Commercial Alliance, my appropriate State REALTORS® Association (Pennsylvania, New Jersey or Delaware), and the NATIONAL ASSOCIATION OF REALTORS® via U.S. mail, email, telephone, or facsimile at those number(s)/location(s).

Signature: _____ Date: _____

As representatives of the above named company and applicants for membership in the TriState REALTORS® Commercial Alliance, I certify that the answers given in this Application are true and correct.

(Signatures)

(Date)

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NATIONAL ASSOCIATION OF REALTORS®