

**APPLICATION FOR AFFILIATE MEMBERSHIP**

NAME OF FIRM: \_\_\_\_\_

PRINCIPAL REPRESENTATIVE: \_\_\_\_\_

FIRM ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ INDIVIDUAL PROPRIETORSHIP    \_\_\_\_ PARTNERSHIP    \_\_\_\_ CORPORATION

FIRM PHONE: \_\_\_\_\_ FIRM FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

If meeting notices are to be sent to a person or address other than above, send to:

\_\_\_\_\_

Do you hold a Michigan real estate or salespersons license, either active or in escrow at this time:

\_\_\_\_ Yes    \_\_\_\_ No

If yes, is the license active or in escrow?    \_\_\_\_ Active    \_\_\_\_ Escrow

Are you engaged in a real estate activity which requires a real estate license, according to the Michigan Occupational Code?    \_\_\_\_ Yes    \_\_\_\_ No

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly explain in what way your business is related to real estate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to abide by the Bylaws of the National Association of REALTORS®, Michigan Association of REALTORS® and the Central Michigan Association of REALTORS®.

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date

APPLICATION FEE: \$100