



## APPLICATION FOR AFFILIATE MEMBERSHIP

I hereby apply for Affiliate Membership in the Southeast Minnesota Association of REALTORS®. Enclosed is my check for \$100 for my membership. (Pro-rated to \$50 for those joining between April 1 and September 30.) I have received information concerning the privileges and benefits my membership will bring. I agree to abide by the bylaws of the association. I agree to receive mailings, faxes and emails from the Association concerning its related or affiliated programs, products or services via the contacts listed below.

Name \_\_\_\_\_

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

Type of business \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

Web site address \_\_\_\_\_

Indicate any committee on which you would like to serve:

\_\_\_\_\_ Member/Community Services (Includes Golf Tournaments and Holiday Party  
planning, Fundraisers; Make A Difference Day, etc.)

\_\_\_\_\_ Affiliates (Plans the annual Affiliates Fair, helps with other events)

Signed \_\_\_\_\_ Date \_\_\_\_\_

(9/09)