



AFFILIATE MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

BUSINESS INFORMATION

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell Phone: _____

Fax Number: _____ E-mail: _____

Web site: _____

Type of Business: _____

Description of Business: _____

Signature: _____ Date: _____

Dues are assessed Annually, Billed in November prior to the next year and payable no later than December 15th.

Annual Dues*:	190.00
1st Quarter - January to March	190.00
2nd Quarter - April to June	142.50
3rd Quarter - July to September	95.00
4th Quarter - October to December	47.50

* subject to change

Please mail with payment to:

**Aiken Board of Realtors®
1069 Silver Bluff Road
Aiken, SC 29803
803-648-1891**