



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

### Application for Business Partner Membership

Application Type:  Primary  Secondary (Company must have a primary Business Partner membership with CPAR)

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

Applicant's Name: \_\_\_\_\_

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

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

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

Payment Preference:  Check  Credit Card (please complete attached form)

**Primary Business Partner**

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
<b>CPAR Dues</b>	\$120.00	\$120.00	\$120.00	\$90.00	\$90.00	\$90.00	\$60.00	\$60.00	\$60.00	\$30.00	\$30.00	\$30.00
<b>Application Fee</b>	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00	\$50.00
<b>TOTAL:</b>	<b>\$170.00</b>	<b>\$170.00</b>	<b>\$170.00</b>	<b>\$140.00</b>	<b>\$140.00</b>	<b>\$140.00</b>	<b>\$110.00</b>	<b>\$110.00</b>	<b>\$110.00</b>	<b>\$80.00</b>	<b>\$80.00</b>	<b>\$80.00</b>

**Secondary Business Partner**

	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
<b>CPAR Dues</b>	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00	\$60.00
<b>TOTAL:</b>	<b>\$60.00</b>	<b>\$60.00</b>	<b>\$60.00</b>	<b>\$60.00</b>	<b>\$60.00</b>	<b>\$60.00</b>	<b>\$60.00</b>	<b>\$60.00</b>	<b>\$60.00</b>	<b>\$60.00</b>	<b>\$60.00</b>	<b>\$60.00</b>

**ACKNOWLEDGMENT AND SIGNATURE**

By entering your full name and today's date, you agree to abide by the Bylaws and Policies and Procedures of the Central Pasco Association of Realtors (CPAR)

- I understand that my Affiliate Membership with CPAR does not include membership in the National Association of REALTORS® and Florida REALTORS®.
- I irrevocably waive all claims against the Association, or any of its officers, directors, members, or employees for any acts in connection with the business of the Association, and particularly as to its or their acts in electing or failing to elect, advance, suspend, expel, or otherwise discipline me as an applicant or member.
- I agree to pay the established fees as long as I remain a member and will notify the Association of any changes in my registration, status and/or address.
- I certify that I do not hold either an active Florida real estate broker's or salesperson's license or an appraiser's license and am not engaged in the brokerage or appraisal of real property through this company. Likewise, I certify that my company does not engage in real estate brokerage or appraisal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE ADDRESS:** 24812 State Road 54, Lutz, FL 33559

• Phone: 813-406-6081 • Membership@CPARFL.COM

[www.CPARfl.com](http://www.CPARfl.com)



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**CREDIT CARD AUTHORIZATION FORM**

**You are authorizing charges to your credit card for Central Pasco Association of Realtors Affiliate Dues.**

Cardholders Name: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Office Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Card Holders Signature: \_\_\_\_\_

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