



338 Highland Park Dr. Richmond, KY 40475  
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## APPLICATION FOR BUSINESS AFFILIATE MEMBERSHIP

Type of Membership:  General  Company with Additional Members (see instructions below)

Dues are based on an annual period that starts from the month joined.

General Membership \$300

Company Membership \$300, plus \$75 for each additional member of your company

*Instructions:* General membership is for one person, is not transferable and belongs to the Member, regardless of who pays for the Membership. Company membership is by company name and address, the membership includes one Primary Membership and up to four Secondary Memberships. The Primary Member is responsible for appointing Secondary Members to represent the Company and to notify MCBR of any changes in membership or contact information. (Show the Primary Member in the contact information section.)

### CONTACT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Contact Phone # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Professional Designation \_\_\_\_\_ License Number \_\_\_\_\_

### COMPANY INFORMATION

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

(Include address, city, state, and zip if different from above)

Office Phone (\_\_\_\_) \_\_\_\_\_ Office Fax (\_\_\_\_) \_\_\_\_\_

Website \_\_\_\_\_

Type of business:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Appraisal Services    | <input type="checkbox"/> Electrical/HVAC | <input type="checkbox"/> Moving and/or Storage |
| <input type="checkbox"/> Attorney              | <input type="checkbox"/> Home Inspector  | <input type="checkbox"/> Pest Control          |
| <input type="checkbox"/> Carpet/Floor Services | <input type="checkbox"/> Insurance       | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Childcare             | <input type="checkbox"/> Interior Design | <input type="checkbox"/> Staging Services      |
| <input type="checkbox"/> Construction          | <input type="checkbox"/> Landscaping     | <input type="checkbox"/> Title Company         |
| <input type="checkbox"/> Other _____           |  |  |

**ADDITIONAL CONTACTS TO BE SHOWN UNDER COMPANY MEMBERSHIP (OPTIONAL)**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_  
 Contact Phone # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Professional Designation \_\_\_\_\_ License Number \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_  
 Contact Phone # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Professional Designation \_\_\_\_\_ License Number \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_  
 Contact Phone # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Professional Designation \_\_\_\_\_ License Number \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_  
 Contact Phone # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Professional Designation \_\_\_\_\_ License Number \_\_\_\_\_

**SIGNATURE**

- I hereby apply for Affiliate membership in the Madison County Board of REALTORS®. I agree to abide by the Rules and Regulations of the Madison County Board of REALTORS®.
- I understand that I, or my company, may not be eligible for Affiliate membership with the Madison County Board of Realtors if I, or any member of my company, holds an active real estate license issued by the State of Kentucky and practices real estate. (See checkbox at the bottom of the page.)
- I agree that, should I cease to be a member, I will discontinue use of the term Affiliate in all signs, business cards, or any other business communication.
- I understand that my continued membership in the Madison County Board of Realtors is dependent on my timely payment of all dues as charged by Madison County Board of Realtors.
- I expressly authorize the Association and their subsidiaries or representatives to e-mail to me, at the e-mail address shown above, material advertising the availability of any property, goods, or services offered, endorsed or promoted by the association.
- I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted.
- I acknowledge that dues and fees are non-refundable.

\_\_\_\_\_  
 Signature of Applicant Date of Signature

- Check here if you are interested in MLS access. This service is available at an additional fee of \$200 annually.
- Check if you, or any member of your company, holds an active real estate license issued by the State of Kentucky and practices real estate.