



## BUSINESS PARTNER MEMBERSHIP APPLICATION

Yearly Dues - \$150.00

Name of Individual or Organization:

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Address:

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

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

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

Website: \_\_\_\_\_

Name of Representative:

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Type of Business or Organization:

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Signature of Applicant:

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Please submit this application and your check for \$150.00 to:

**Dixie Gilchrist Levy Board of REALTORS, Inc.**

Attn: Membership

P.O. Box 2059

Chiefland, FL 32644-2059