Lufkin Association of REALTORS®

Affiliate Membership Application

Please complete and return the following to the Lufkin Association of REALTORS® via email: staff@lufkin-mls.com or in person at 1021 S. Chestnut Lufkin, TX 75901.

- 1. Affiliate Application
- 2. Entrance Fees Please make check payable to Lufkin Association of REALTORS®. Payment must accompany application.
- 3. If you are a home/pest/termite inspector, please include:
 - a. Copy of your current inspector's license issued by the state agency, plus
 - b. Copy of your driver's license, or other state issued picture identification.

Office: 936-632-7751

Affiliate Membership Fee Schedule

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Local Dues	\$100	\$92	\$84	\$76	\$68	\$60	\$52	\$44	\$36	\$28	\$20	\$12
State Dues	\$117	\$107.25	\$97.50	\$87.75	\$78	\$68.25	\$58.50	\$48.75	\$36	\$29.25	\$19.50	\$9.75
Total	\$217	\$199	\$182	\$164	\$146	\$128	\$111	\$93	\$72	\$57	\$40	\$22

Lufkin Association of REALTORS®

Affiliate Membership Application

Firm Information					
Name of Firm:					_
Office Address:					-
City:					-
Office Phone:		Fax:			-
Business Specialization:					_
Company Email Address (po	int of contact):				-
Billing Email Address:					-
Company Web Page:					-
Please send JPEG image of I	ogo to <u>staff@lufk</u>	<u>sin-mls.com</u>			
TTT 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ttending our Affili	ate Showcase fo	or an additional \$? □Y [□N
Applicant Information Name of Applicant:					-
Applicant Information Name of Applicant: Email Address:					-
Applicant Information Name of Applicant: Email Address: Applicants Home Mailing Ad	ldress:				- - -
Mould you be interested in at Applicant Information Name of Applicant: Email Address: Applicants Home Mailing Address: City: Home Phone:	ldress:State:	Zip:			
Applicant Information Name of Applicant: Email Address: Applicants Home Mailing Addrests: City: Home Phone:	ldress:State:	Zip:			
Applicant Information Name of Applicant: Email Address: Applicants Home Mailing Address: Home Phone: Preferred mailing address:	Idress:State:	Zip: Cell Pho			
Applicant Information Name of Applicant: Email Address: Applicants Home Mailing Ad City: Home Phone: Preferred mailing address: Preferred mailing address pul	State:State:	Zip: Cell Pho Office Home	one:		
Applicant Information Name of Applicant: Email Address: Applicants Home Mailing Address:	State:State: ☐ Home Dlications: of any other Associations	Zip:Cell Pho Office Home ciation of REA	one: □Office LTORS®?		

I hereby apply for Affiliate Men	nbership in the Lufkin Association of REALTORS® and am enclosing
my payment for \$	_ per the Dues schedule for my current year local and state dues. My
current year dues will be return	ed to me in the event of non-election. In the event of my election, I
agree to abide by the Code of	Ethics of the National Association of REALTORS®, which includes
the duty to arbitrate, and the	Bylaws and Rules and Regulations of the Lufkin Association of
REALTORS® and its' subsidy	, Lufkin Multiple Listing Services, Inc; the State Association and the
National Association and if req	uired, I further agree to satisfactorily complete a reasonable and non-
discriminatory written examina	tion on such Code, Bylaws and Rules and regulations. I understand
membership brings certain priva	rileges and obligations that require compliance. Membership is finally
only upon approval by the Boa	ard of Directors and may be revoked should you violate the Code of
Ethics, Bylaws and/or Rules and	d regulations.

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 shale be grounds for revocation of my membership if approved by the Board of Directors. I further agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established.

By signing below, I consent that the REALTOR® Association (local, state, national) and their subsidiaries, if any may contact me at the specified address, telephone, fax and email address. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

X	X
Signature of Applicant	Date