



338 Highland Park Dr. Richmond, KY 40475
859-624-0224 admin@mcbrrhomes.com

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:

- Appraisal Services Electrical/HVAC Moving and/or Storage
- Attorney Home Inspector Pest Control
- Carpet/Floor Services Insurance Professional Services
- Childcare Interior Design Staging Services
- Construction Landscaping Title Company
- 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.