



# Affiliate Membership Application

(Please type or print; complete all applicable spaces)

Names as you would like them to appear in all our materials and communications.

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

Contact Name: \_\_\_\_\_

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

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

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

Email Address: \_\_\_\_\_ Web Page: \_\_\_\_\_

Description of business services and/or products: \_\_\_\_\_

### Annual Affiliate Membership Dues:

- \$150.00 - One (1) member/company representative**
- \$250.00 - Two (2) members/company representatives**
- \$350.00 - Three (3) members/company representatives**
- \$500.00 - Four (4) members/company representatives**

(Affiliates listed below and have paid the appropriate dues, are allowed to attend the membership meetings, with no voting privileges. Affiliates will also receive monthly association newsletters. Lunch costs are included in the above fees, for the member(s)/company rep(s) that are attending the meetings, are listed below and have paid dues)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**RETURN APPLICATION BY MAIL WITH THE PAYMENT ENCLOSED OR THE APPLICATION CAN BE EMAILED TO: [scar\\_ae@embarqmail.com](mailto:scar_ae@embarqmail.com). IF EMAILED, ONCE THE APPLICATION IS PROCESSED, PAYMENT CAN BE MADE VIA THE ONLINE LINK IN THE EMAILED INVOICE. THANK YOU!**

For Internal Use Only:

Date Received by SCAR: \_\_\_\_/\_\_\_\_/\_\_\_\_

Processed by: \_\_\_\_\_



South Central Association of REALTORS®

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