

Southern Piedmont Land & Lake Association of Realtors®



Affiliate Membership Application

Company/Firm Name: _____

Representative & Position with Firm : _____

Address: _____

City, State, Zip: _____

Business Phone #: (____)____ - _____ Business Cell Phone #: (____)____ - _____

Email: _____ Website: _____

Short Description (2-4 sentences) of business services and/or products to be used on our website: <https://southernpiedmontll.com/> (use additional paper if needed)

Affiliate Membership Dues & Fees:

\$25.00 Application Fee

\$100.00 Yearly Membership Fee for Firm (per address)/Representative #1

\$35.00 Yearly Website Logo Fee (Optional)_____ (“x” if requested)

\$50.00 Yearly Membership Fee per each additional Representative*

*(up to 3 Additional per firm address)

Additional Representative # 2: _____

Additional Representative # 3: _____

Additional Representative # 4: _____

If referred by a Realtor member : _____ (name of Realtor Member)

Date: _____

Affiliate Applicant Signature: _____

Please mail application and payment to the address below:

Southern Piedmont Land & Lake Association of Realtors®

P.O. Box 8177

Clarksville, VA 23927

434-222-9924

Email: southernpiedmontll@gmail.com

Website: www.southernpiedmontll.com