



Passaic County Board of REALTORS®

100 Years of Service Excellence

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AFFILIATE MEMBERSHIP APPLICATION

- MAKE CONTACT WITH CUSTOMERS THROUGH REALTORS®
- MAKE CONTACT WITH REALTORS® & CUSTOMERS ONLINE
- MAKE CONTACT WITH REALTORS® WHO NEED YOUR SERVICE
- NETWORK AND ADVERTISE YOURSELF WITH OUR ORGANIZATION
- PARTICIPATE AND SPONSOR AT MEMBERSHIP EVENTS
- NETWORKING ► REFERRALS ► NEW BUSINESS

The Passaic County Board of REALTORS® is a membership corporation trade association organized for the purpose of improving the business in which its members engage through education, cooperation, exchange of information, and by the establishment and enforcement of ethical standards of the practice for the benefit of the public. Affiliate Members are encouraged to abide by the principles established in the Code of Ethics of the National Association of REALTORS® and to conduct their business, trade or profession accordingly.

_____, _____
 Applicant Name Firm Name

I hereby apply for AFFILIATE MEMBERSHIP in the Passaic County Board of REALTORS®, Inc. The annual dues from July 1, 2016 thru June 30, 2017 are \$300.00 plus a one-time \$10.00 application fee for new members. (Annual dues for new members are pro-rated quarterly) CORPORATE Membership is available for \$340.00. This is a flexible membership whereby a member can substitute any other representative within the firm to attend events on the company's behalf. This membership is not transferable if the member transfers to a new firm. Please see dues structure sheet for more information.

I hereby irrevocably waive any and all claims against the Passaic County Board of REALTORS® or any of its officers, directors, members or staff for any act in connection with the business of the Board and particularly as to its or their acts in advancing, suspending, expelling or otherwise disciplining me as an applicant or as an Affiliate Member. Initial: _____

My business, profession or trade is: _____
 (How I would like to be categorized in directory)

My business address is _____

Business Telephone Business Fax E-mail address *(required)

Web Site Address: _____

Home address is _____

Home Telephone Cell Phone My Preferred Contact Phone

(Check One) I prefer all Board mailings and correspondence be sent to: My Home ___ or My Office ___

I hereby consent to receive fax and e-mail transmissions from the Passaic County Board of REALTORS® to my fax and e-mail addresses as set forth above.

 Applicant's Signature Date