APPLICATION FOR AFFILIATE MEMBERSHIP

LANCASTER BOARD OF REALTORS
127 W. Wheeling Street, Lancaster, OH 43130
Phone: (740) 653-1861
Email: lbrlancaster@gmail.com

PERSONAL INFORMATION:

Name: _____

Home Address: _____

City: _____ State _____ Zip Code _____

Home Phone: _____ Home Fax: _____ Cell Phone: _____

Email Address: _____

FIRM INFORMATION:

Firm Name: _____

Firm Address: _____
Street City State Zip Code

Firm Phone: _____ Firm Fax: _____ Web Site: _____

Preferred Mailing Address (check one) _____ Office _____ Homes

OTHER INFORMATION:

1. If formerly a member of the Lancaster Board of REALTORS®, indicate the last year you were a member. _____

2. If you currently hold membership in another Association/Board of REALTORS®, list the name of the Association/Board and the state in which you hold membership. _____

3. Are you currently licensed with a State regulatory agency? _____ What type of license? _____

   Name of Agency/Department _____ License #_____

4. To the best of your knowledge, list all principals, partners and /or corporate officers of the firm. _____

_____

5. To the best of your knowledge, do any of the above referenced people hold an Ohio Real Estate License? If so, who?

AFFILIATE MEMBERSHIP PLEDGE

I hereby apply for admission to the Lancaster Board of REALTORS® as a Corporate Affiliate Member. I agree that if my application is accepted, I will abide by the Bylaws and all other Rules, Regulations and Resolutions adopted by the Lancaster Board of REALTORS®.

I certify that all the information furnished by me on this application is true and correct. I understand and 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 agree to pay the established dues as long as I remain a member. I acknowledge that the present application fee and initial dues are prorated according to the schedule provided with this application and are due with this application. (ALL FEES AND DUES ARE NON-REFUNDABLE).

By signing below, I consent that the REALTOR® Association's (local, state, and national) and their subsidiaries, if any (e.g. MLS) may contact me at the specified address, telephone numbers, fax numbers and e-mail address or other means of communications available. 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.

Date _____ **Signature** _____

AFFILIATE FEE SCHEDULE

MONTH JOINING	APPLICATION FEE	LOCAL DUES	TOTAL DUE
January	$150.00	$235.00	$385.00
February	$150.00	$235.00	$385.00
March	$150.00	$235.00	$385.00
April	$150.00	$182.75	$332.75
May	$150.00	$182.75	$332.75
June	$150.00	$182.75	$332.75
July	$150.00	$ 130.50	$280.50
August	$150.00	$ 130.50	$280.50
September	$150.00	$ 130.50	$280.50
October	$150.00	$ 78.75	$228.75
November	$150.00	$ 78.75	$228.75
December	$150.00	$ 78.75	$228.75

Paying for your dues:

Once your application has been returned an invoice will be emailed to you:

Payment type for LBR: Check, Credit Card