

APPLICATION FOR AFFILIATE MEMBERSHIP

*Name: _____
(last name, first name)

*Social Security Number: _____ - _____ - _____

*Company Name: _____

*Company Address: _____

*City, State, Zip: _____

*Company Phone #: _____ *Fax#: _____

*Type of Business _____

E-Mail Address: _____

Home Address: _____

City, State, Zip: _____

Home Phone Number: _____

Enclosed is my check in the amount of _____ which is to be returned to me in the event of non-election. In the event of my election, I agree to abide by the Bylaws of this Association and the South Carolina Association of REALTORS and to support and promote the ideals of these organizations. I consent that the Association, through its Membership Committee or otherwise may invite and receive information and comment about me from any member or other person. I further agree that any information and comment furnished to the Association by any person in response to the invitation shall be conclusively deemed to be privileged, and not form the basis of any action by me for slander, libel, or defamation of character.

I agree that, if accepted for membership in the Association, I shall pay the fees and dues as from time to time established.

Dated

Applicant's Signature