

AFFILIATE MEMBERSHIP APPLICATION FORM

I hereby apply for Affiliate membership in the Jefferson County Board of Realtors®. Enclosed is my check in the amount of \$_____.

PERSONAL INFORMATION

Name _____
Home Address _____ City _____ State, Zip _____
Home Phone _____ Cell Phone _____
Email Address _____ Birth Date ____ / ____ / ____
Have you ever been convicted of a felony? ___ Yes ___ No If yes, provide details:

OFFICE INFORMATION

Firm Name _____ Type of Firm _____
Position with Firm _____
Address _____ City _____ State, Zip _____
Office Phone _____ Office Fax _____
Office Email _____ Website _____

REFERENCES

Please provide three business references:

1. _____
2. _____
3. _____

GENERAL INFORMATION

Are you a member of any other REALTOR® Association? _____ yes _____ no
If "YES" Name of Association(s) _____
Are you willing to serve on a committee _____ yes _____ no

Applicants MUST read

I certify that all information given is complete and accurate and hereby authorize verification of data. I completely release the Jefferson County Board of Realtors (JCBR) from any liability for either accepting or rejecting my membership. I agree to abide by the Code of Ethics of the National Association of REALTORS, and the Bylaws, Rules and Regulations of the JCBR, and the State and National Associations. I consent that the JCBR may invite and receive information and comment about me from any other member or person, and I further agree that any information and comment furnished by the JCBR 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.

Signature

Date