

West Michigan Lakeshore Association of REALTORS®

12916 168th Avenue Grand Haven, MI 49417 (616) 846-6240 Fax (616) 846-5155

APPLICATION FOR AFFILIATE MEMBERSHIP

I hereby apply for Affiliate Membership in the above named Association, enclosing my check in the amount of \$_____.

NAME_____

HOME ADDRESS_____

HOME PHONE _____ CELL PHONE _____

OFFICE NAME_____

OFFICE ADDRESS_____

OFFICE PHONE_____ FAX_____

E-MAIL ADDRESS_____

WEB SITE ADDRESS_____

- PRIMARY AFFILIATE (1st affiliate with firm)
 SECONDARY AFFILIATE (additional affiliate with firm)

Fees are \$175/year for Primary Affiliate; \$50/year for Secondary Affiliate. Please pay fees according to the prorated schedule below:

JOINED:	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec
Primary	\$175	\$131.25	\$87.50	\$43.75
Secondary	\$ 50	\$ 37.50	\$25.00	\$12.50

Dated_____

(Applicant's usual form of signature)