

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;

- () PRIMARY AFFILIATE (1st affiliate with firm) \$99.00
() SECONDARY AFFILIATE (additional affiliate with firm) \$25.00

Enclosed is my check in the amount of \$_____

Credit Card # _____ Expiration date _____

Name _____

Home Address _____

Home Phone (____) _____ Cell Phone (____) _____

Office Name _____

Office Address _____

Office Phone (____) _____ Fax (____) _____

Email _____ Website _____

For Log In Identification Security Purposes:

Date of Birth ____/____/____
mm dd yy

Mother's Maiden Name _____

Father's First Name _____

Your Place of Birth _____

Dated _____
(Applicant's usual form of signature)