



South Central Board of Realtors

APPLICATION FOR AFFILIATE MEMBERSHIP

Please circle which membership class you are applying:

Affiliate

Public Service

Honorary

Student

Name of Firm: _____

Type of Business: _____

Contact Person: _____

Mailing Address: _____

Phone #: _____

Email Address: _____

Are you a member of an Institute, Society or Council affiliate with the NATIONAL ASSOCIATION OF REALTORS? _____

If yes, please indicate the name of the affiliate: _____

What professional designations, if any, do you hold? _____

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, may be grounds for revocation of my membership, if granted.

Signature: _____ Date: _____

Payment by:
Check Make payment to your local board and mail to:
South Central Board of REALTORS
P.O. Box 2252 Brenham, TX 77834