

**Longmont Association of REALTORS®  
Application for Affiliate Membership**

I hereby apply for Primary Affiliate Membership in the Longmont Association of REALTORS®

I hereby apply for Secondary Affiliate Membership in the Longmont Association of REALTORS® and enclose a check in the amount of \$\_\_\_\_\_ which is to be returned in the event of non-election. Being in sympathy with the objectives of the Longmont Association of REALTORS®, I agree to abide by the bylaws, rules and regulations of the Longmont Association of REALTORS®. Applicant will be responsible for payment of fees and dues, entitled to make changes to Sold Supplement order and appear in Affiliate Roster.

**Dues paid by Company check \_\_\_\_\_ Dues paid by Individual check \_\_\_\_\_**

**If dues are paid by the individual, there will be a \$35.00 transfer fee assessed if member transfers to another office.**

**If dues are paid by the company, no further dues payment is necessary, however, there will be a \$35.00 fee assessed for a member name change.**

I hereby submit the following information for your consideration:

Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Type of business: \_\_\_\_\_

Position: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Personal business web site address: \_\_\_\_\_

Firm web site address: \_\_\_\_\_

Do you hold an active Colorado real estate license? \_\_\_\_\_

Real estate experience, if any: \_\_\_\_\_

Do you or does your firm hold membership in any other Board or Association of REALTORS®?

\_\_\_ Yes \_\_\_\_\_ No. If yes, please name each other Board and type of membership held: \_\_\_\_\_

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Payments to the Longmont Association of REALTORS® are not deductible as charitable contributions for federal income tax purposes; however, they may be deductible under other provisions of the Internal Revenue Code. Please check with your tax preparer.

**AFFILIATE MEMBERSHIP POLICY**

An Affiliate Membership in the Longmont Association of REALTORS® is only accepted on an individual basis. Branch offices or other city locations within the same corporation shall hold individual membership to receive services from the Longmont Association of REALTORS®.