

# Springfield Board of REALTORS®

## 2016 Affiliate Membership Application

WELCOME TO YOUR SPRINGFIELD BOARD OF REALTORS®. You are joining others who are committed to protecting and promoting private ownership of real property while maintaining high ethical standards. As your trade association, we are dedicated to providing you with support and services that help you conduct your business ethically, professionally, and profitably, and we unite with you in creating a strong voice for home ownership and the real estate profession.

PLEASE CHECK YOUR APPROPRIATE MEMBERSHIP TYPE BELOW:

- SPRINGFIELD LOCAL AFFILIATE-** Associated with the real estate industry but not an active real estate or appraiser licensee. Please submit dues amount below, dues are prorated monthly based on the join date. **DUES ARE NON-REFUNDABLE.** See next page for payment options.

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
\$170.00	\$155.79	\$141.62	\$127.45	\$113.28	\$99.11	\$84.94	\$70.77	\$56.60	\$42.43	\$28.26	\$14.09

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ SUFFIX (Jr., Sr., II, etc.): \_\_\_\_\_

OFFICE NAME: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

OFFICE CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ OFFICE FAX: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

PHONE 1: \_\_\_\_\_  CELL  HOME  OFFICE  OTHER

PHONE 2: \_\_\_\_\_  CELL  HOME  OFFICE  OTHER

I PREFER U.S. MAIL TO BE SENT TO MY  HOME or  OFFICE

HAVE YOU PREVIOUSLY HELD MEMBERSHIP IN ANY REALTOR® ASSOCIATION/BOARD, INCLUDING THE OREGON ASSOCIATION OF REALTORS®?  NO  YES

If yes, which one(s): \_\_\_\_\_

PAYMENT OPTIONS:

Credit card (VISA, MasterCard, Discovery or American Express): \$ \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV2 Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Check: \$ \_\_\_\_\_

Cash: \$ \_\_\_\_\_

BY MY SIGNATURE BELOW, I CERTIFY THE ACCURACY OF THIS APPLICATION FOR MEMBERSHIP.

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

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PLEASE SUBMIT THIS APPLICATION WITH PAYMENT TO OAR BY ONE OF THE FOLLOWING OPTIONS:

EMAIL: BoardServices@OregonRealtors.org

MAIL: Oregon Association of Realtors®  
Attn: Springfield MBM  
P.O. Box 351  
Salem, OR 97308

FAX: (503) 362-9615

Questions? Call Membership at (503) 362-3645

<u>OFFICE USE ONLY</u>	
NRDS #:	_____
ID #:	_____
EC #:	_____
DATE:	_____