

APPLICATION FOR AFFILIATE MEMBERSHIP
Additional Affiliate Staff

Name		Lender NMLS#	
Office Name			
Personal Mailing Address			
City		State	Zip
Cell	Home		Personal Fax (if applicable)
Email		Website	
Preferred Phone	<input type="checkbox"/> Cell <input type="checkbox"/> Office <input type="checkbox"/> Home		
Preferred Mailing	<input type="checkbox"/> Office <input type="checkbox"/> Personal		
Optional Information			
Date of Birth		How long have you been engaged in this business?	
How long with current firm?		How long with previous firm (if applicable)?	

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Payments to the Tallahassee Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. *No refunds.*

By signing below, I consent that the REALTOR® Associations (local, state, national) and their subsidiaries (e.g., CATRS, Foundation) may contact me at the specified address, telephone numbers (voice/text), 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.

Signature

Date