



Duluth Area Association of REALTORS®

4031 Grand Avenue

Duluth, MN 55807

Ph: (218) 728-5676

Toll: (877) 550-5994

## APPLICATION FOR AFFILIATE MEMBERSHIP

I hereby apply for affiliate Membership in the Duluth Area Association of REALTORS® and enclose my check in the amount of \$\_\_\_\_\_, which I understand will be refunded (minus initiation fee) in the event I am not accepted to membership.

I consent and authorize the Association to invite and receive information and comment about me from any member or other person, and I agree that any information and comment furnished to the Association by any member or other person in response to such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character. I consent and authorize the Association to transfer the information in my membership file to any other real estate association if I elect to hold primary membership elsewhere.

### I HEREBY SUBMIT THE FOLLOWING INFORMATION FOR YOUR CONSIDERATION:

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

Primary Individual Name: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Company Fax: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_ Primary E-Mail: \_\_\_\_\_

Have you ever been a member of any REALTOR Association? (circle one) YES NO

If Yes, which one? \_\_\_\_\_

**DUES / FEES:** The enclosed amount is based on the current dues and fees. There will be no refund of dues or fees paid by the applicant once approved for membership. (Application fees are non-refundable).

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail application with **Total Dues** amount for current month to:

Duluth Area Association of REALTORS®  
4031 Grand Avenue, Duluth, MN 55807

Visa and MasterCard accepted via fax: (866) 392-7950  
Complete box for credit card charge →

To pay by credit card, please complete:		
(Circle One)	Visa	MasterCard
Card #:	_____	
Expiration Date:	_____	
Amount to Charge: \$	_____	
Billing Address:	_____	
_____		
Signature:	_____	

Month Applying	Dues	New Member Fee	Total Dues
___October, November, December___	\$250.00	\$100.00	\$350.00
___January, February, March___	\$187.50	\$100.00	\$287.50
___April, May, June___	\$125.00	\$100.00	\$225.00
___July, August, September___	\$ 62.50	\$100.00	\$162.50