

COASTAL PLAINS ASSOCIATION OF REALTORS®

1645 E. Arlington Boulevard Suite A, Greenville NC 27858

252.355.2197 Phone

252.355.3172 Fax

APPLICATION FOR AFFILIATE MEMBERSHIP

I, _____, hereby apply for affiliate membership in the Coastal Plains Association of Realtors®, Inc. Enclosed is my check in the amount of _____.

Note: Dues payments to the Coastal Plains Association of Realtors® are not tax deductible as charitable contributions. Portions of such payments may be tax deductible as ordinary business expenses.

I hereby submit the following information for your consideration.

Name (Mr, Mrs,Ms.): _____

Name of Business : _____

Office Address : _____ City: _____ Zip: _____

Office Phone: _____ Fax: _____

Title or Position: _____ E-Mail : _____

I agree that, if accepted for Membership as an affiliate, I shall pay the fees and dues as from time to time established.

Date: _____ Signed: _____