



AFFILIATE MEMBERSHIP APPLICATION

NOTE: Effective June 1998, Appraisers must join the Lynchburg Association of REALTORS® as a REALTOR® member. (See Bylaws Article IV, Section 1 and Article V, Section 2.)

BUSINESS NAME: _____

TYPE OF BUSINESS: _____

BUSINESS ADDRESS: _____

(Street/P.O.Box)

(City)

(State)

(Zip)

CONTACT NAME: _____ CONTACT PHONE: (____) _____

OFFICE PHONE: (____) _____ OFFICE FAX: (____) _____

WEBSITE ADDRESS: _____

E-MAIL ADDRESS: _____

SYSTEM PASSWORD: (4-10 characters) _____

DO YOU WISH TO RECEIVE SOLD DATA? _____ YES _____ NO

(Signature of Applicant)

(Date)

AMOUNTS/CHECK#S ATTACHED: Please make all checks payable to "LAR"

\$100.00 Membership Application Fee

\$_____ Prorated as follows: (\$200.00 Jan.-Mar./\$150.00 Apr-June/\$100.00 Jul-Sep/\$50.00 Oct.-Dec.)

\$_____ TOTAL DUES/APPLICATION FEES ATTACHED (CK # _____)

\$100.00 (optional) SOLD DATA APPLICATION FEE, \$100.00 (CK# _____)

\$_____ (optional) Prorated Sold data as follows: (\$100.00 Jan-Mar/\$75.00 Apr-Jun/\$50.00 Jul-Sep/\$25.00 Oct-Dec)