REALTORS® Association of Indian River County, Inc. 3250 67th Street Vero Beach, FL 32967 phone (772) 567-3510 fax (772) 778-6490

APPLICATION FOR AFFILIATE MEMBERSHIP

I, hereby apply for Affiliate Membership in the above-named Association, enclosing my check in the amount of \$______ which is to be returned to me in the event of non-election. I agree to abide by the Constitution, Bylaws and Rules and Regulations of the above named Association. I consent that the Association may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Association by any person in response to the 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.

Applicant's name		
Firm name		
Firm address:		
(Suc	et)	Zip
		Cell Phone
e-mail	Website	
*DOB *las	t 4 of SS# * data is us	ed internally for identification purposes only
Do we have permission	to text you? Please note prefe	erred communication: Text Email Both
Home address:(Stre	eet)	
	·	Zip
Type of business		
Applicant's position wit	h firm	
• I further understand or the REALTOR [®]	logo.	o does not entitle me to use the designation REALTOR® s of this Association who know me:
Name	Address	
Name	Address	
I agree that, if accepted i	for Membership in the Association	on, I shall pay the fees and dues as from time to time

established.

Dated