



JACKSON AREA ASSOCIATION OF REALTORS®

www.JacksonMIHomes.com

3465 Ann Arbor Rd., Jackson, MI 49202 • Phone: 517-787-6175 • Fax: 517-787-2223



Application for Additional Affiliate Representative

Please print or type: I hereby apply for Affiliate Membership in the Jackson Area Association of REALTORS®

Additional Affiliate Representative fee - \$150 + prorated dues

In the event of a non-election, this amount will be returned to me.

AFFILIATE MEMBERS are real estate owners and other individuals or firms who do not have a real estate license, but have interests requiring information about real estate and are in concurrence with the objectives of the Association.

FIRM INFORMATION:

Name of Firm: _____

Address 1: _____

Address 2: _____ City: _____ State: _____ Zip: _____

Firm Phone #: () _____ Firm Fax #: () _____

Additional Representative Information:

Full Name and Position: _____

Home Address: _____ City: _____ Zip: _____

Home Phone #: _____ Cell/Pager #: _____

E-Mail Address: _____

In the event I am elected to membership, I agree that I will in all my acts be governed by the principles of honesty, justice and fair play, and in every manner possible I will endeavor to promote and safeguard the best interests of the Jackson Area Association of REALTORS®, the welfare of its members and the public. I further agree to be steadfast in upholding the Creed of the REALTOR® which is the Golden Rule – “Whatsoever ye would that men should do to you, do ye even so unto them”.

I acknowledge that my membership shall have such privileges and rights and be subject to such obligations as may be prescribed by the Board of Directors. I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatements of fact, shall be grounds for revocation of my membership if granted.

I agree that, if accepted for membership in the Association, I will pay all dues and fees as from time to time established.

Signature: _____ Date: _____
(Designated Representative)

Signature: _____ Date: _____
(Additional Representative)