

JACKSON AREA ASSOCIATION OF REALTORS®

www.JacksonMIHomes.com

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Application for Affiliate Office Membership

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

Application fee - \$150 + Local Prorated Association Dues

Total Amount enclosed

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:				
Firm Phone #: ()	Firm Fax #: ()			
Web Address:				
Designated Representative:				
Check which applies to your firm: Corp	oration Individual			
Designated Representative Information The Designated Representative will be the		rm.		
Full Name and Position:				
Home Address:	City:		Zip:	
Home Phone #:	Cell/Pager #:			
E-Mail Address:				

I understand that by providing above my email address, telephone number(s), and fax number(s), I consent to receive communications sent from the Jackson Area Association of REALTORS[®], the Michigan Association of REALTORS[®] and the National Association of REALTORS[®] via email, telephone, or facsimile at those numbers(s)/locations.

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)