

## **Nacogdoches County Board of REALTORS®**

### **Affiliate Membership Application**

Please complete and return the following to NCBR via email, fax, mail or in person:

1. Affiliate Application
2. Entrance Fees – Please make check payable to NCBR. Payment must accompany application.
3. If you are a home/pest/termite inspector, please include:
  - a. Copy of your current inspector's license issued by the state agency, plus
  - b. Copy of your driver's license, or other state issued picture identification.

Nacogdoches County Board of REALTORS®

2424 North Pecan Street

Suite 101

Nacogdoches, TX 75964

Office: 936-568-9090 Fax: 936-560-3280 Email: [ncbr@sbcglobal.net](mailto:ncbr@sbcglobal.net)

## Entrance Fees

Join Date	TAR Dues	NCBR Dues	Application Fee	Prorated Total
January	\$117.00	\$100.00	\$50.00	\$267.00
February	\$107.25	\$100.00	\$50.00	\$257.25
March	\$97.50	\$100.00	\$50.00	\$247.50
April	\$87.75	\$100.00	\$50.00	\$237.75
May	\$78.00	\$100.00	\$50.00	\$228.00
June	\$68.25	\$100.00	\$50.00	\$218.25
July	\$58.50	\$100.00	\$50.00	\$208.50
August	\$48.75	\$100.00	\$50.00	\$198.75
September	\$39.00	\$100.00	\$50.00	\$189.00
October	\$29.25	\$100.00	\$50.00	\$179.25
November	\$19.50	\$100.00	\$50.00	\$169.50
December	\$9.75	\$100.00	\$50.00	\$159.75

## Nacogdoches County Board of REALTORS®

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#### **FIRM INFORMATION**

Name of Firm: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Fax # ( \_\_\_\_\_ ) \_\_\_\_\_

Type of Business your firm specializes in: \_\_\_\_\_

Company Email Address: \_\_\_\_\_

Billing Email Address: \_\_\_\_\_

Company Web Page: \_\_\_\_\_

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#### **APPLICANT INFORMATION**

Name of Applicant: \_\_\_\_\_

Email Address: \_\_\_\_\_

Applicants Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Preferred mailing address for mail: ☐ Home ☐ Office

Preferred mailing address for publications: ☐ Home ☐ Office

Are you presently a member of any other Association of REALTORS®? ☐ Yes ☐ No

If yes, name of Association: \_\_\_\_\_

Have you previously held membership in any other Association of REALTORS®? ☐ Yes ☐ No

If yes, name of Association: \_\_\_\_\_

I hereby apply for Affiliate Membership in Nacogdoches County Board of REALTORS® and am enclosing my payment in the amount of \$50.00 for one-time application fee and \_\_\_\_\_ for my current

year dues payable to Nacogdoches County Board of REALTORS®. My current year dues will be returned to me in the event of non-election. Application fee is nonrefundable. In the event of my election, I agree to abide by the Code of Ethics of the National Association of REALTORS®, which includes the duty to arbitrate, and the Constitution, Bylaws and Rules and Regulations of the above-named Board, the State Association and the National Association, and if required, I further agree to satisfactorily complete a reasonable and non-discriminatory written examination on such Code, Constitutions, Bylaws and Rules and regulations. I understand membership brings certain privileges and obligations that require compliance. Membership is final only upon approval by the Board of Directors and may be revoked should completion of requirements, such as orientation, not be completed within timeframe established in the association's bylaws.

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 misstatement of fact, shall be grounds for revocation of my membership if approved by the Board of Directors. I further agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established.

By signing below, I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

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Signature of Applicant

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Date