



DOWN RIVER ASSOCIATION OF REALTORS®
13305 Reeck Court, Suite 100
Southgate, MI 48195
734-287-8060 / 734-301-2965 - fax

APPLICATION FOR AFFILIATE MEMBERSHIP – ADDITIONAL REP

I, the undersigned, do hereby apply for Affiliate Membership in the above named Association, enclosing a check in the amount of \$75 for the Annual Membership fee. In the event of non-election, all fees will be returned to me.

APPLICANT'S NAME: _____

NAME OF EMPLOYER: _____

POSITION WITH EMPLOYER: _____

BUSINESS ADDRESS: _____

CITY: _____ ZIP CODE: _____

E-MAIL: _____ WEBSITE: _____

BUSINESS PHONE: () _____ FAX NUMBER: () _____

REFERRED BY - MEMBER'S NAME: _____

I hereby agree to comply with and uphold the Constitution and Bylaws of the Down River Association of REALTORS® and to subscribe to the Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®. I also hereby agree to comply with the attached Affiliate Standards of Practice and to be governed by same.

Are you actively engaged in buying, selling, exchanging, renting, or leasing real estate?
YES _____ NO _____ IF **YES**, FULLY EXPLAIN AND ATTACH

Date: _____ Signature: _____