



Affiliate Membership Application

(Please type or print; complete all applicable spaces)

Names as you would like them to appear in all our materials and communications.

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____ Web Page: _____

Description of business services and/or products: _____

Annual Affiliate Membership Dues:

- \$150.00 - One (1) member/company representative**
- \$250.00 - Two (2) members/company representatives**
- \$350.00 - Three (3) members/company representatives**
- \$500.00 - Four (4) members/company representatives**

(Affiliates listed below and have paid the appropriate dues, are allowed to attend the membership meetings, with no voting privileges. Affiliates will also receive monthly association newsletters. Lunch costs are included in the above fees, for the member(s)/company rep(s) that are attending the meetings, are listed below and have paid dues)

1. _____
2. _____
3. _____
4. _____

Check enclosed payable to SCAR. If you wish to pay by credit/debit card, you can do so after the application is received at the SCAR office. Please call 434-392-9995 to process the credit/debit card transaction.

PLEASE RETURN THIS APPLICATION, ALONG WITH YOUR PAYMENT TO THE ADDRESS BELOW. THANK YOU AND WELCOME TO THE ASSOCIATION!

For Internal Use:
Date Received by SCAR: ____/____/____ Processed by: _____



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