



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. _____

RETURN APPLICATION BY MAIL WITH THE PAYMENT ENCLOSED OR THE APPLICATION CAN BE EMAILED TO: scar_ae@embarmail.com. IF EMAILED, ONCE THE APPLICATION IS PROCESSED, PAYMENT CAN BE MADE VIA THE ONLINE LINK IN THE EMAILED INVOICE. THANK YOU!

For Internal Use Only:

Date Received by SCAR: ____/____/____

Processed by: _____



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