



HATTIESBURG Area Association of REALTORS®

APPLICATION FOR AFFILIATE MEMBERSHIP

I, _____, hereby apply for Affiliate Membership in the above named Association I consent that, and authorize the Association, through its Membership Committee or otherwise, to invite and receive information and comment about me from any Member or other person, and I agree that any information and comment furnished to the Association by any Member or other person in response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character. I hereby submit the following information for your consideration:

Firm Name: _____

Individual's Name: _____

Email Address: _____

Mailing Address: _____

(City) (State) (Zip) (Off. Telephone) (Off. Fax No.)

Office Mailing Address (If Different): _____

(City) (State) (Zip) (Off. Telephone) (Off. Fax No.)

I request membership be vested in the following name:

(Designated Representative's Name)

Does she/he hold a real estate license? _____ License Number: _____

Does she/he hold an appraisal license? _____ License Number: _____

You are authorized to refer to the following Members of the Association who know me and/or Designated Representative:

(Name)

(Name)

I agree that, if accepted for membership in the Association, I shall pay the fees and dues established by the Board of Directors.

Date: _____

Signed: _____