



1521 Ritchie Highway, Suite 300
 Arnold, MD 21012
 Telephone: 410-544-4554
 Fax: 410-647-5102
 www.aacar.com

APPLICATION FOR AFFILIATE MEMBERSHIP

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Where would you like to receive correspondences? Home Address Office Address

I hereby apply for Affiliate membership in the Anne Arundel County Association of REALTORS®. I have enclosed my payment, either by check or credit card in the amount of \$_____ (please refer to the dues structure below). I agree to abide by the Bylaws, Rules and Regulations, the principals established in the Code of Ethics of the National Association of REALTORS® and to conduct my business and professional practice accordingly. I agree to pay the established fees as long as I remain a member of the Association.

 Affiliate Applicant's Signature

 Date

AE Discover MC Visa #: _____ Exp. Date: _____

Check# _____

Member Dues Structure for New Affiliates
 November 1, 2009-October 31, 2010

	OCT (2009)	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT
LOCAL	\$210.00	\$200.00	\$200.00	\$200.00	\$150.00	\$150.00	\$150.00	\$100.00	\$100.00	\$100.00	\$50.00	\$50.00