

Las Cruces Association of REALTORS® Inc.
APPLICATION FOR AFFILIATE MEMBERSHIP

I hereby apply for Affiliate Membership in the Las Cruces Association of REALTORS® Inc., enclosing my check in the amount of \$_____. I agree to abide by the Constitution, Bylaws, and Rules and Regulations of the Las Cruces Association of REALTORS® Inc. I consent that the Association, through its Membership Committee or otherwise, may invite and receive information and comments about me from any member or other person, and I further agree that any information and comments furnished to the Association by any person in response to the invitation shall be deemed to be privileged and not for the basis of any action against me for slander, libel, or defamation of character.

AFFILIATE INFORMATION:

Name of Company: _____

Contact Person (only 1 name please): _____

Physical
Address: _____ City: _____ State: _____ Zip: _____

Mailing (if different from physical)

Address: _____ City: _____ State: _____ Zip: _____

of Employees: 5 or less _____ (\$160/yr) 6 - 10 _____ (\$260/yr) 11 + _____ (\$360/yr)

Telephone Number: _____ Fax Number: _____

Website: _____ Email: _____

Are you actively engaged in the real estate business? If so, how? _____

Were you referred by someone? If so, who? _____

I agree to pay the dues as established from time to time:

Signature: _____ Date: _____

(Please leave blank - For LCAR Staff)

Amount Paid: \$_____ by Check #_____ or Cash
Payment Received by: _____ Date: _____ Company Code: _____