



NORTHEAST GEORGIA BOARD OF REALTORS®

P. O. Box 310 * Blairsville, GA 30514
(706) 781-3030 - PHONE * (706) 781-3032 - FAX
E-Mail: staff@negboard.com



AFFILIATE MEMBERSHIP APPLICATION

I hereby apply for Affiliate membership in the Northeast Georgia Board of REALTORS, Inc., enclosing my check in the amount of \$_____, which is to be returned to me in the event of non-election.

NAME OF FIRM: _____

FIRM REPRESENTATIVE: _____

FIRM PHYSICAL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

FIRM MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE#: _____ **FAX#:** _____

TOLL-FREE#: _____ **EMAIL:** _____

WEB ADDRESS: _____

Check Box That Applies: Individual DBA Partnership Corporation

TYPE OF BUSINESS: _____

MY TITLE OR POSITION WITH FIRM: _____

Give names of all Partners, Associates or Officers displaying all Senior Partners or Officers first.

(1) _____ (2) _____

(3) _____ (4) _____

You are authorized to refer to the following members of this Board who know me:

Name: _____ **Telephone#:** _____

Name: _____ **Telephone#:** _____

Date: _____ **Signature:** _____ **Title:** _____