

**SPARTANBURG ASSOCIATION OF REALTORS®, INC.**  
**P.O. BOX 5414, SPARTANBURG, S.C. 29304**  
**PHONE: 864-583-3679 FAX: 864-583-1177**  
[info@spartanburgrealtors.com](mailto:info@spartanburgrealtors.com)

**APPLICATION FOR AFFILIATE MEMBERSHIP**

I hereby apply for Affiliate membership in the Spartanburg Association of REALTORS®, Inc. Enclosed is my payment in the amount of \$100.00 for my application and \$385.00 for my membership dues.

I consent that the Association, through its Executive Committee or otherwise, may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Association by any person in response to the invitation shall be conclusively deemed to be privileged and not the basis of any action by me for slander, libel or defamation of character. I hereby submit the following information for your consideration:

(Please print or type)

Applicant's Name: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(Suite)

(P.O. Box)

\_\_\_\_\_  
(City) (State) (Zip Code) (Phone Number) (Fax Number)

Email Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

(Street)

(City)

(State)

(Zip Code)

Are you a member of any other real estate board/association? Yes No

If yes, name of Board/Association: \_\_\_\_\_

Do you hold an active South Carolina real estate license or appraiser's license? Yes No

Are there now, or have there been within the past five years, any complaints against you or the firm with which you are associated before any state real estate regulatory agency or other agency of government?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

I agree that, if accepted for Affiliate membership into the Spartanburg Association of REALTORS®, Inc., I shall pay the fees and dues as from time to time established. I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted. NOTE: Payments to the Spartanburg Association of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Company: \_\_\_\_\_

**Payment by check: Check should be made out to the Spartanburg Association of REALTORS or SAR.**

**If Applicant Paying by Credit Card**

Application Fee: \_\_\_\_\_ Dues: \_\_\_\_\_

Total Charges: \_\_\_\_\_

(Circle One) \_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Signature Authorizing Charges on Credit Card: \_\_\_\_\_