

SPARTANBURG ASSOCIATION OF REALTORS®, INC.
P.O. BOX 5414, SPARTANBURG, S.C. 29304
PHONE: 864-583-3679 FAX: 864-583-1177
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: _____