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APPLICATION FOR AFFILIATE

Name:		
Address:		
City: State:		Zip:
Cell:	Work:	Email:
NRDS Number (If you already ha	ve one):	
Company:		
Address:		
City:	State:	Zip:
Phone:	Email:	Website:
NRDS Number (If you already ha	ve one):	
	Please select a Me	embership Type:
Local Affiliate	State Affiliate _	Local + State Affiliate
all rules and bylaws gor annual dues will result undersigned individual, whos not in whole or in part be requiring a real estate lice privileges of the affiliate m Representative and also be to maintain eligibility for m entitled to a refund of dues ar membership program at any t	verning Affiliate membership in termination of membership in termination of membership in termination of membership is ancillary to the engaged in buying, selling, expose. The individual whose natembership. Additional individual entitled to the same benefits membership for any reason und fees. I understand that EABO	abama Board of REALTORS®. I agree to abide be with EABOR and understand that failure to paship with EABOR and all board activities. The real estate industry within the EABOR jurisdiction, we changing, managing, leasing, renting, or other activities are appears below is entitled to all the benefits an als from the same company may join as an Affiliate and privileges. I understand that in the event that I fainder the EABOR Bylaws, I understand I will not be R reserves the right to modify, limit or terminate the Affiliate
Signature:		Date: