



APPLICATION FOR AFFILIATE MEMBERSHIP

LANCASTER BOARD OF REALTORS
127 W. Wheeling Street, Lancaster, OH 43130
Phone: (740) 653-1861 Fax: (740)653-7409
Email: lancasterboard@lancasterboardofrealtors.com

PERSONAL INFORMATION:

Name: _____

Home Address: _____

City: _____ State _____ Zip Code _____

Home Phone: _____ Home Fax: _____ Cell Phone: _____

Email Address: _____

FIRM INFORMATION:

Firm Name: _____

Firm Address: _____
Street City State Zip Code

Firm Phone: _____ Firm Fax: _____ Web Site: _____

Preferred Mailing Address (check one) _____ **Office** _____ **Homes**

OTHER INFORMATION:

1. If formerly a member of the Lancaster Board of REALTORS®, indicate the last year you were a member. _____

2. If you currently hold membership in another Association/Board of REALTORS®, list the name of the Association/Board and the state in which you hold membership. _____

3. Are you currently licensed with a State regulatory agency? _____ What type of license? _____

Name of Agency/Department _____ License # _____

4. To the best of your knowledge, list all principals, partners and /or corporate officers of the firm. _____

5. To the best of your knowledge, do any of the above referenced people hold an Ohio Real Estate License? If so, who? _____

AFFILIATE MEMBERSHIP PLEDGE

I hereby apply for admission to the Lancaster Board of REALTORS® as a Corporate Affiliate Member. I agree that if my application is accepted, I will abide by the Bylaws and all other Rules, Regulations and Resolutions adopted by the Lancaster Board of REALTORS®.

I certify that all the information furnished by me on this application is true and correct. I understand and 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.

I agree to pay the established dues as long as I remain a member. I acknowledge that the present application fee and initial dues are prorated according to the schedule provided with this application and are due with this application. (ALL FEES AND DUES ARE NON-REFUNDABLE).

By signing below, I consent that the REALTOR® Association's (local, state, and national) and their subsidiaries, if any (e.g. MLS) may contact me at the specified address, telephone numbers, fax numbers and e-mail address or other means of communications 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.

Date _____

Signature _____

LANCASTER MLS ACCESS

_____ I wish to have access to the Lancaster MLS listing information via the online service. (This service is available to licensed/certified appraisers ONLY). I understand this service is at a cost of \$25.00 per month.

My password for this service is _____

Cardholders name as it appears on the card: _____

Signature of Cardholder _____

Total Charge \$ _____ **Note: There is a 4% processing fee charged for all debit/credit card payments*