



2050 Gordon W. Shelton Blvd.
 Fredericksburg, VA 22401

faarmembers.com

ph : 540-373-7711
 fx : 540-736-0301

Application for Affiliate Membership

_____, 20 ____

I hereby apply for Affiliate membership in the Fredericksburg Area Association of REALTORS®, enclosing my payment in the amount of \$ _____ which includes application fee and dues. I irrevocably waive all claims against the Association or any of its officers, directors, or members for any act in connection with the business of the Association, and particularly as to its or their acts in electing or failure to elect, advancing, suspending, expelling, or otherwise disciplining me as an applicant, or as a member. I hereby submit the following for your consideration:

NAME OF FIRM: _____

ADDRESS: _____

NAME OF PRIMARY AFFILIATE: _____

EMAIL ADDRESS: _____

HOME ADDRESS: _____

OFFICE #: _____ **CELL#:** _____

ALLOW TEXT MESSAGES? YES NO

NAME OF ASSOCIATE AFFILIATE: _____

EMAIL ADDRESS: _____

HOME ADDRESS: _____

OFFICE #: _____ **CELL#:** _____

ALLOW TEXT MESSAGES? YES NO

I agree to pay the established fees as long as I remain a member of this Association, and understand that the current fees are:

Application Fee, \$275

Membership dues, \$225 per year – prorated quarterly

Additional Affiliate, \$80, per year – prorated quarterly

As an Affiliate member, I understand that I will be included in a listing by business category in the Affiliate Directory. Please indicate type of business _____.

(Pest control and home inspectors may lease an Affiliate Key which allows limited access to listed homes. If interested, please inquire about the fee.)

Credit Card **Exp Date** **Billing Zip** **CVC Code**

SIGNED: _____ **(Officer of the Firm)** Fax to:

(540) 736-0301 Attn: Membership Services Department

Mail to: FAAR Membership Services 2050 Gordon W. Shelton Blvd. Fredericksburg, VA 22401

Visit: Drop this form off at the FAAR office between 9am – 5pm, Monday – Friday.

