



AFFILIATE APPLICATION

I hereby submit the following information for your consideration: **(Please PRINT and complete)**

Name _____
Last First MI

Nickname (If Applicable) _____ Home Phone or Cell _____

Residence Address: _____
Street Apt.#

City State Zip Code

Do you hold an active real estate license in the State of Florida? Yes or NO

Date of Birth (required) _____

Email Address: _____

Website Address: _____

Company Name _____

Address: _____
(Must be a physical address (no P.O. Box #) Street Suite#

City State Zip Code

Business Phone _____ Business Fax _____

SPECIALITY In order to be listed properly in the Membership Directory, please check only two

- | | | |
|-----------------------------|--------------------------|---------------------------|
| ____ Accounting | ____ Financial Services | ____ Plumbing Services |
| ____ Advertising | ____ Home Warranty | ____ Real Estate Research |
| ____ Architectural Design | ____ Inspection Services | ____ Surveyors |
| ____ Cellular Phone Service | ____ Interior Design | ____ Tax Consultants |
| ____ Computer Services | ____ Legal Services | ____ Title Company |
| ____ Marketing Services | ____ Utility | ____ Construction |
| ____ Mortgage Services | ____ Pest Control | ____ Other |

If Other, please specify: _____

I hereby apply for AFFILIATE membership in the Florida Keys Board of Realtors®, Inc., enclosing my payment in the amount of \$199.00 (\$100 application fee/\$99 annual fee) for 2018. This amount is to be returned to me in the event of non-election. In the event of my election, I consent and authorize the Florida Keys Board of Realtors® Inc., (FKBR) through its Membership Committee or otherwise to invite and receive information and comment about me from any Member of other person, and I agree that any information and comment furnished to the FKBR by any member or other person to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel or defamation of character.

Affiliate members shall not use the terms REALTOR, REALTORS, or REALTOR-ASSOCIATE, nor the imprint of the emblem seal of the National Association of REALTORS. I agree that, if accepted for membership in the Board, 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.

Signed: _____ **Dated:** _____
[Signature of APPLICANT]

I am enclosing my payment of \$ _____ My method of payment is Check # _____

OR

Mastercard/Visa# _____ **Expires** _____

CID# _____ (credit card companies are requiring the CID#. This 3-digit # is on the back of all cards.)

For official use only

Date Received at Board		Affiliate #	
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