



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 it's 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: _____

NAME OF ASSOCIATE AFFILIATE: _____

EMAIL ADDRESS: _____

OFFICE #: _____ CELL#: _____

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, \$215 per year – prorated quarterly

Additional Affiliate, \$70, per year – prorated quarterly

(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)

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

Fax to: (540) 736-0301 Attn: Membership Services Department

Mail to: FAAR Membership Services P.O. Box 3625 Fredericksburg, VA 22402

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

