

White Mountain Board of REALTORS®

53 Technology Lane, Suite 116, Conway, NH 03818, Tel: 603-733-4748 Fax: 603-447-9947 Email: anne@whitemountainboard.com

AFFILIATE MEMBERSHIP APPLICATION

From:	(Individual's Name and Position)
my check # in the amou Mountain Board of REALTOR	membership in the White Mountain Board of REALTORS [®] . Enclosed unt of \$, covering the application fee of \$150.00 plus the White S [®] (prorated) annual dues, and \$115.00 for membership in the NH so desired). These funds will be returned to me in the event I am not
Committee or otherwise, to invitor other person, and I agree that or other person in response to	pproved I consent to and authorize the Board, through its Membership te and receive information and comments about me from any Member it any information and comment, furnished to the Board by any member any such invitation, shall be conclusively deemed to be privileged and by me for slander, libel, or defamation of character.
Association, and the National Athe principles established in the	tution, Bylaws and Rules & Regulations of the local Board, the State Association, and further understand that I am encouraged to abide by a Code of Ethics of the NATIONAL ASSOCIATION OF REALTORS®, inary authority of the local Member Board with regard to conduct thics.
Company Name:	
Nature of Business:	
Senior Partners or Officers:	
Office Address:	
Office E-Mail:	
Telephone #:	Fax #:
Referred for membership by:	
I agree that, if accepted for Me time established.	embership in the Board, I shall pay the fees and dues as from time to
(Authorized Cignoture)	Date:
(Authorized Signature)	



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REALTOR® Association Marketing Consent Form*

*The information provided on this form will appear on our website, marketing materials and any press releases produced and distributed by the White Mountain Board of Realtors[®]. If you prefer that an item below not be used for public consumption, or it is not applicable, please write "n/a" for that item.

Business Name:	
Contact Name:	
Email Address:	
Website:	
Business Phone #:	
Cell Phone #:	
Fax #:	
Address:	
and fax number(s), I c REALTORS®(WMBR),	oviding above my mailing address(es), email address(es), telephone number(s), consent to receive communications sent from the White Mountain Board of the New Hampshire Association of REALTORS® and the National Association S. mail, E-mail, telephone, or facsimile at those number(s) and location(s).
Signature:	Date: