



# APPLICATION FOR AFFILIATE MEMBERSHIP

To: The La Porte County Association of Realtors®, Inc.  
(Name of Association affiliated with the National Association of Realtors®)

From: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Affiliate Members: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other References: \_\_\_\_\_

I agree to abide by the Bylaws of the La Porte County Association of Realtors, Inc. to which this membership application is directed, of the National Association of Realtors and the Indiana Association of Realtors. A remittance of \$ \_\_\_\_\_ representing my application fee accompanies this application. Yearly dues are payable upon billing.\*

\_\_\_\_\_ Date \_\_\_\_\_  
(signature of applicant)

\*Dues are prorated quarterly from the date of approval. Annual dues are \$ \_\_\_\_\_ per individual member.

