

THE GREATER FALL RIVER ASSOCIATION OF REALTORS® , INC.
580 Eastern Avenue
Fall River, Massachusetts 02723
Tel 508-679-4300 or fax 507-678-6061 e-mail: gfrar@rcn.com

APPLICATION FOR AFFILIATE MEMBERSHIP

I, _____, hereby apply for affiliate Membership status in THE GREATER FALL RIVER ASSOCIATION OF REALTORS®, INC. As an Affiliate member, I understand that I may attend all REALTOR® functions. However, as an affiliate member, I shall not be able to vote at business meetings, nor shall I be eligible to serve on the Board of Directors. I may be appointed by the Board's president to serve on committees of the Board.

In order to obtain my affiliate membership status, I agree to pay annual dues as established by the Board of Directors. At the present time, dues are **\$300.00** per year, and are pro-rated by half year. (i.e becoming an affiliate member on or after July 1st, dues for the balance of the year would be **\$150.00**) Therefore, included with this application is my dues payment of _____. I understand that if for any reason I am denied Affiliate membership status the monies will be returned to me.

Name of **Company** Represented: _____

Your position w/company _____

Address of Company _____

_____ (city) (state) (zip)

Tel.# _____

Fax# _____

E-mail _____

Where would you like correspondence sent: Home: _____ Office: _____

Your Name as you wish it to appear on the roster: _____

Your mailing address _____

(Street) _____

(City) _____ (State) _____ (Zip) _____

Additional phone # (cell) : _____

_____ e-mail address: _____

Date: _____ Signed: _____

(applicant's usual signature) _____

Area below for office use only.

Application received: _____ Dues paid: _____

Added to the Affiliate Roster

Visit our website: **<http://www.fallriverarearealtors.com>** user name: **realtor** password: **house**

**The Greater Fall River Association of REALTOR®'s
Marketing Consent Form**

**Under Federal Law " it is illegal under federal law to send faxes without first obtaining the
expressed written consent of all recipients."**

Date: _____

Company Name: _____

(Authorized Representative PLEASE SIGN)

THAT YOU WILL CONSENT TO FAX AND E_MAIL CORRESPONDANCE

Main Fax Number: _____

ADDITIONAL FAX lines that are used by this Company: _____

E-Mail address: _____

*Please note that if any of the above information is changed (new fax number, address change, name change, authorized representative), you must notify The Greater Fall River Association of REALTORS®, and a new consent form must be submitted.

*I understand that by providing the above: mailing address(es), email address(es), telephone number(s), and fax number(s), I agree and will continue to receive communications sent from The Greater Fall River Association of REALTORS.® Massachusetts Association of REALTORS®, and the National Association Of REALTORS ® via U.S. mail, email, telephone, or facsimile at those number(s)/location(s).

*On-line Association Web Site- written consent is also given by signing to have fax numbers and e-mail information appear in membership rosters for public and member viewing on our web site www.fallriverarearealtors.com

* I understand that by providing the Fax Number (s) and information listed above; on behalf of the company/organization specified above; I authorize and hereby consent to or the company/organization to receive faxes sent by on behalf of The Greater Fall River Association of REALTORS ® and the additional on-line information and terms provide above.

Please return to: The Greater Fall River Association of REALTORS® 580 Eastern Ave., Fall River, MA 02723 -Or fax to 508-678-6061.