

**WEST PASCO BOARD OF REALTORS  
APPLICATION FOR AFFILIATE MEMBERSHIP**

**DATE:-----**

**TO: WEST PASCO BOARD OF REALTORS**

I, THE UNDERSIGNED, HEREBY MAKE APPLICATION FOR AFFILIATE MEMBERSHIP IN THE WEST PASCO BOARD OF REALTORS, AND IF APPROVED, I WILL OBSERVE AND ABIDE BY THE CONSTITUTION AND BYLAWS.

AFFILIATE MEMBERSHIP: AFFILIATE MEMBERS SHALL CONSIST OF REAL ESTATE OWNERS OR OTHER INDIVIDUALS WHO, WHILE NOT ENGAGED IN THE REAL ESTATE BUSINESS, NEVERTHELESS HAVE INTEREST REQUIRING INFORMATION CONCERNING REAL ESTATE, AND ARE IN SYMPATHY WITH THE OBJECTS OF THE BOARD. AFFILIATE MEMBERS SHALL HAVE THE PRIVILEGE OF ATTENDING MEETINGS OF THE BOARD AND TO PARTICIPATE IN THE DISCUSSIONS AND ACTIVITIES THEREOF, BUT SHALL NOT HAVE THE RIGHT TO VOTE, TO HOLD ELECTIVE OFFICE OR TO USE THE TITLE OF "REALTOR".

DO YOU HAVE AN ACTIVE REAL ESTATE LICENSE IN FLORIDA? \_\_\_\_\_

**FOR FIRM INCLUDES ONE "DESIGNATED" AFFILIATE SPECIALTY** \_\_\_\_\_

**Pro-rate Fees:**

**(\$250.00) Beginning January 1st thru April 30th**

**(\$166.67) Beginning May 1st thru August 31st**

**(\$83.33) Beginning September 1st thru December 31st**

**PLEASE TYPE OR PRINT:**

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**APPLICANT'S NAME**

**FIRM NAME**

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**BUSINESS ADDRESS**

**CITY**

**ZIP**

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**BUS. PHONE #**

**FAX#**

**CELL#**

**EMAIL ADDRESS**

**(\$30.00 PER ADDITIONAL INDIVIDUAL AFFILIATE) These fees are not pro-rated.**

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<b>INDIVIDUAL'S NAME</b>	<b>HOME ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
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<b>INDIVIDUAL'S NAME</b>	<b>HOME ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
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**AFFILIATE MEMBERSHIP DUES BEGIN JANUARY 01<sup>st</sup> thru DECEMBER 31<sup>st</sup>**

**PLEASE NOTE: THIS APPLICATION MUST BE FILLED OUT AND RETURNED WITH YOUR CHECK. CHECKS RECEIVED WITHOUT AN APPLICATION CANNOT BE PROCESSED AND WILL BE RETURNED.**