



**2009 Affiliate Application**

**COMPANY:** \_\_\_\_\_ **Representative:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
\_\_\_\_\_ **Fax:** \_\_\_\_\_  
**E-mail:** \_\_\_\_\_ **Web:** \_\_\_\_\_

	<u>January</u>	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>Sept.</u>	<u>Oct.</u>	<u>Nov.</u>	<u>Dec.</u>
<b>Local Dues</b>	\$250.00	229.17	208.84	187.51	166.68	145.85	125.02	104.19	83.36	62.53	41.70	20.87

\*\* Dues prorated for time of membership: \$ \_\_\_\_\_

**New Office Processing Fee:** **\$100.00** (one time fee) \$ \_\_\_\_\_  
(Includes Owner or Manager)

**New Representative Processing Fee (each)** **\$100.00** (one time fee) \$ \_\_\_\_\_  
(Additional Representative, Staff or Member)

(Total amount paid at time of signup is paid to December 31, \$250 Annual Billing thereafter).

TOTAL DUES \$ \_\_\_\_\_

PAYMENT METHOD - CHECK# \_\_\_\_\_

VISA/MASTERCARD# \_\_\_\_\_ EXP DATE: \_\_\_\_\_

\_\_\_\_\_  
*Applicant Signature* *Cell* *Main phone* *Fax*

\_\_\_\_\_  
*Company Physical Address* *City* *State* *Zip*

\_\_\_\_\_  
*Broker /Owner Signature* *Main Phone* *Date*

*Business or Broker License #* \_\_\_\_\_

