

APPLICATION FOR MEMBERSHIP

TO: THE SHEBOYGAN COUNTY BOARD OF REALTORS®

I hereby apply for AFFILIATE membership in the above-named Board, enclosing my check in the amount of:

\$451.00 (\$145.00 Local & \$306.00 State)

APPLICANT NAME: _____

OFFICE NAME: _____

OFFICE ADDRESS: _____

Street

City

State

Zip Code

Phone Number _____

Fax Number _____

E-Mail _____

Cell Number _____

Date of Birth: _____

Name of Spouse _____

RESIDENCE ADDRESS: _____

Street

City

State

Zip Code

Area Code

Phone

DUES AND FEES ARE NON-REFUNDABLE