CHIPOLA AREA BOARD OF REALTORS®, INC.
APPLICATION FOR AFFILIATE MEMBERSHIP

TO: Chipola Area Board of Realtors®, Inc.

I, _____

Hereby apply for Affiliate Membership in the above Board and enclose my check in the amount of $100.00, as payment for 2009 Membership Dues.
(Dues are due and payable in January of each year.)

Name of Business or Profession: _____

Mailing Address _____
(Street) (Suite or PO Box)

_____
(City) (State) (Zip Code) (Area Code) (Telephone)

Fax Number: _____ Website: _____

Contact Person: _____
(Name) (Area Code) (Telephone)

Email Address: _____

Mailing Address: _____
(If different than above)

Signed: _____
(Applicant) (Date)

NOTE: If you are a State Certified Appraiser, please furnish type, number and date**.** _____

Return to:
CHIPOLA AREA BOARD OF REALTORS, INC.
P O BOX 238
MARIANNA, FL 32447
Telephone: (850) 526-4030
FAX: (850) 526-4310
Email: cabr@embarqmail.com