

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

TO: _____ Chipola Area Board of Realtors®, Inc. _____

I, _____

Hereby apply for Affiliate/Appraiser Membership in the above Board and enclose my check in the amount of \$343.00, as payment for total 2009 Membership Dues. Membership dues are not prorated.

MLS Dues are billed quarterly in the amount of \$50.

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