



APPLICATION FOR AFFILIATE MEMBERSHIP

Name of Applicant: _____.

Name of Company: _____.

Physical Address: _____.

Mailing Address: _____.

Phone #: _____.

E-MAIL (required): _____.

Web Site: _____.

Type of Business:

- | | | | |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> Bank/Mortgage | <input type="checkbox"/> Attorney | <input type="checkbox"/> Insurance | <input type="checkbox"/> Septic |
| <input type="checkbox"/> Appraisal | <input type="checkbox"/> Advertising | <input type="checkbox"/> Construction | <input type="checkbox"/> Home Inspector |
| <input type="checkbox"/> Engineers | <input type="checkbox"/> Water/Well | <input type="checkbox"/> Other (describe service): | _____ |

Are you an Affiliate Member on any other REALTOR® Boards? { } Yes { } No

If Yes, please name the other Boards: _____

I hereby certify that I meet the conditions of membership.

Date of Application: _____

Signature of Applicant: _____

Please mail application with check to:

**Windsor County Board of REALTORS®,
P. O. Box 814, Williston, VT 05495**



Dues Schedule

January \$100.00	May \$75.00	September \$50.00
February \$100.00	June \$75.00	October \$25.00
March 100.00	July \$50.00	November \$25.00
April \$75.00	August \$50.00	December \$25.00