



AFFILIATE MEMBERSHIP APPLICATION

Name of Company: _____

Authorized Representative: _____

Title: _____

Address: _____
(Street) (City) (Zip)

Phone: _____ Fax: _____

Email: _____

Nature/Type of Business: (Select One)

Advertising____ Attorney____
Chamber of Commerce____ Construction____
Home Inspectors____ Appraiser____
Insurance____ Surveyors____
Media____ Title Co.____
Utilities____ Other____
Specify: _____

How long has the Company been in Business? _____

Have you filed an application with us before? Yes____ No____

If yes, under what company name? _____

Have you been convicted of a felony within the last seven years? Yes____ No____

If yes, please explain _____

I agree to abide by the bylaws of the Tri-Lakes Board of REALTORS®, the Missouri Association of REALTORS®, and the National Association of REALTORS®.

I understand that by providing the above mailing address, email address, telephone number and fax number, I consent to receive communications sent from the Tri-Lakes Board of REALTORS® Inc., Tri-Lakes Multiple Listing Services Inc., Missouri Association of REALTORS®, and the National Association of REALTORS® via U.S mail, email, tele-phone, facsimile, or any other forms of electronic communication, at those numbers/locations.

Affiliate Membership Dues and Fees

One-Time Application Fee: **\$100.00**

Annual Dues are due by December 31st. in the amount of \$100.00

Proration for initial payment is as follows:

\$100.00 — 1st Qtr. (Jan1-Mar 31)

\$75.00 — 2nd Qtr. (Apr 1-June 30)

\$50.00 — 3rd Qtr. (Jul 1– Sep 30)

\$25.00 — 4th Qtr. (Oct 1-Dec 31)

\$25.00 – RPAC Investment [find out more](#)

\$10.00 – Good Neighbor Fund Contribution [find out more](#)

\$_____ Pro-rated by Qtr.

TOTAL Remittance: \$_____

Date: _____ Signature: _____

Note: *Affiliate Membership is entitled exclusively to a company. Individuals within said company do not maintain the Affiliate Membership and therefore, said Affiliate Membership does not “follow” the individual but stays with the company.*

**Depending upon the nature of the business that the applicant operates, an Affiliate Membership with TLBOR may be contingent upon the applicant providing a completed background check, as well as, a limited liability insurance policy. Please contact the office at (417) 338-4555 for more information.*