



Daytona Beach Area ASSOCIATION OF REALTORS®

Date: _____

Business Partner (Affiliate) Membership Application

I hereby apply for Business Partner (Affiliate) Membership in the Daytona Beach Area Association of REALTORS®.

Company Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ FAX #: _____

Company website: _____

Type of Business: _____

Representative Name: _____

Representative Title: _____

Representative Phone: _____ Representative Cell Phone: _____

Representative email: _____

Preferred Contact Method: email mail FAX Referred by Member #: _____

An ID and Password will be emailed to you for the association's Internet Member Services (IMS). I understand that Business Partner membership in the Daytona Beach Area Association of REALTORS® does not entitle me to use the designation REALTOR® or the REALTOR® logo or provide me with access to the Multiple Listing Service.

- I agree to pay the annual Business Partner (Affiliate) Membership dues of \$232.50, plus a one time application fee of \$100.

Applicant Signature

Additional Individuals associated with my firm:

Name: _____

Email: _____

Name: _____

Email: _____

Name: _____

Email: _____

Name: _____

Email: _____

Name: _____

Email: _____

Name: _____

Email: _____

2012 Pro-ration of Affiliate Dues

January	\$232.50	July	\$116.26
February	\$213.12	August	\$96.89
March	\$193.74	September	\$77.52
April	\$174.37	October	\$58.14
May	\$155.00	November	\$38.76
June	\$135.63	December	\$19.38