



# CENTRAL MICHIGAN ASSOCIATION OF REALTORS®

111 S. Lansing Street, Mt. Pleasant, MI 48858

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## APPLICATION FOR AFFILIATE MEMBERSHIP

APPLICANT'S NAME: \_\_\_\_\_

NAME OF COMPANY: \_\_\_\_\_

PRINCIPAL REPRESENTATIVE: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

\_\_\_\_\_

COMPANY WEBSITE: \_\_\_\_\_

INDIVIDUAL PROPRIETORSHIP     PARTNERSHIP     CORPORATION

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

*\*Please include a business card with this application\**

If meeting notices are to be sent to a person or address other than above, send to:

\_\_\_\_\_

Do you hold a Michigan real estate or salesperson license, either active or in referral at this time:

Yes     No

If yes, is the license active or in referral?     Active     Referral

Are you engaged in a real estate activity which requires a real estate license, according to the Michigan Occupational Code?

Yes     No

If yes, explain: \_\_\_\_\_

Briefly explain in what way your business is related to real estate:

\_\_\_\_\_  
\_\_\_\_\_

Who referred you to Central Michigan Association of REALTORS®?

\_\_\_\_\_

I agree to abide by the Bylaws of the National Association of REALTORS®, Michigan REALTORS® and the Central Michigan Association of REALTORS®.

\_\_\_\_\_  
Signature of Principal Representative

\_\_\_\_\_  
Date