



CENTRAL MICHIGAN ASSOCIATION OF REALTORS®

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

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Website: www.cmiar.com | Email: office@cmiar.com



APPLICATION FOR AFFILIATE MEMBERSHIP

APPLICANT'S NAME: _____

NAME OF COMPANY: _____

PRINCIPAL REPRESENTATIVE: _____

COMPANY ADDRESS: _____

COMPANY WEBSITE: _____

PHONE: _____ FAX: _____

E-MAIL: _____

Please include a business card with this application

If billing information is to be sent to a person or email 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®. I have included my one-time set-up fee and prorated CMAR dues with this application.

Signature of Principal Representative

Date