

## APPLICATION FOR INDUSTRY PARTNER (AFFILIATE) MEMBERSHIP

I hereby apply for Affiliate Membership with the REALTOR® Association of the Greater Pee Dee (PDRA). I agree to abide by the Bylaws of the REALTOR® Association of the Greater Pee Dee and to support and promote the ideals of this Association. I agree to pay all established fees as long as I remain a member of this Association and/or MLS. I understand that Affiliate Membership of this Association is an individual membership, not corporate.

### CONTACT INFORMATION:

Name: \_\_\_\_\_  
Nickname (DBA): \_\_\_\_\_ Cell Phone#: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Email Address: \_\_\_\_\_  
May the Association communicate with you via text message?  Yes  No

### COMPANY INFORMATION:

Office Name: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Alternate Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Services Provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Company Website: \_\_\_\_\_

### PREFERRED MAILING/CONTACT INFORMATION:

Preferred Phone:  Office  Cell  
Preferred E-mail:  Primary E-mail  Secondary E-mail \_\_\_\_\_  
Preferred Mailing:  Home  Office  Alternate

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**LICENSE INFORMATION:**

For Affiliates who are Home Inspectors, Pest Control Operators, Construction, Homes Repairs/Remodelers, please provide the following:

License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Please provide a current copy (required yearly) of Certificate of Liability Insurance (Business Liability)

Insurance Company Name: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Are there other members in your company who would like to take advantage of our membership benefits at a discounted rate?  Yes  No (If “Yes”, each additional affiliate membership is \$75.00 per year with a \$100 application fee.) Each additional member will also need to submit an application.

Name(s) & email of those interested: \_\_\_\_\_

**REFERRAL INFORMATION:**

How did you hear about us?  Website  Current Member: \_\_\_\_\_

I consent that the Association, through its Membership Committee or otherwise, may invite and receive information and comment about me from any member or other person, and I further agree that any information and comment furnished to the Association by any person in response to the invitation, shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

Joined Date: \_\_\_\_\_ NRDS#: \_\_\_\_\_

NRDS Sync: \_\_\_\_\_ MLS:  Yes  No SentiLock:  Yes  No

Simplelists: \_\_\_\_\_ Certificate of Insurance Exp. Date: \_\_\_\_\_