



Spartanburg Association of REALTORS®, Inc.

225 N. Pine St., P.O. Box 5414
Spartanburg, South Carolina 29304
Telephone 864 583-3679 / Fax 864 583-1177
www.spartanburgrealtors.com

AFFILIATE APPLICATION

I hereby apply for Affiliate membership in the Spartanburg Association of REALTORS®, Inc. I agree to abide by the Bylaws of the Spartanburg Association of REALTORS®, Inc. and agree 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. A non-refundable \$125 Primary Affiliate Application Fee and applicable non-refundable dues must be submitted at time of application. I understand that Affiliate Membership with this Association is an individual membership and not a corporate membership.

I hereby submit the following information for your consideration:

Annual Primary Membership (\$435) **Annual Secondary Membership (\$100* only if primary membership is already established with Association.)**

CONTACT INFORMATION

Name: _____ Title: _____
Company Name: _____
Company Address: _____
Company Phone: _____ Company Fax: _____
Mobile Phone: _____ Email: _____
Website: _____

I consent that the Association, through its Executive 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 the basis of any action by me for slander, libel or defamation of character.

I understand that by providing my mailing address(es), e-mail address(es), telephone number(s), and fax number(s), I consent to receive communications sent from the Spartanburg Association of REALTORS® via mail, e-mail, phone or facsimile at the number(s)/location(s).

Signature of Applicant

Date

I understand as the Primary Affiliate member I agree to notify the Spartanburg Association of REALTORS® immediately should the above Secondary Affiliate member leave my company.

Primary Member Signature (Required for Secondary Membership)

Date



Spartanburg Association of REALTORS® , Inc.

225 N. Pine St., P.O. Box 5414
Spartanburg, South Carolina 29304
Telephone 864 583-3679 / Fax 864 583-1177
www.spartanburgrealtors.com

Forms of Payment accepted: Check made payable to the Spartanburg Association of REALTORS or SAR, Visa or Mastercard.

Credit Card Authorization Payment Form

Name: _____

Company Name: _____

Applicant Phone Number: _____

Visa MasterCard (Must be Visa or Mastercard, no other debit/credit cards accepted)

Credit Card # _____ Expiration Date: _____

Name on Credit Card: _____

Billing Address: _____

I authorize the Spartanburg Association of REALTORS®(SAR) to charge the credit card indicated in this authorization form for the charges listed below. This is NOT an authorization for any scheduled recurring payments. We are not sanctioned to store credit card numbers in this office as this form will dispose credit card information after processing.

Application Fee: \$ _____ Membership Dues: \$ _____

Signature of Cardholder

Date

Printed Name of Cardholder