



AFFILIATE MEMBERSHIP APPLICATION

Phone: (704) 940-3110

Fax: (980) 556-7803

Email: membership@canopyrealtors.com

I am applying for: ☐ **Affiliate** ☐ **Corporate Affiliate** ☐ **Corporate Affiliate – Additional Representative**

Description of Services: ___ Engineering ___ Financial ___ Home Warranty ___ Pest Control

___ Inspection (Type: Home / Radon / Other _____) ___ Other (Explain: _____)

PERSONAL INFORMATION:

Name (as appears on business license, print) _____

Nickname _____ Business License #: _____ Birth date: _____

Home Address _____
Street City State Zip

Home Phone _____ Home Fax _____ Cell Phone _____

E-Mail (required) _____ Website _____

Preferred Mailing Address: ___ Office ___ Home ___ Other (_____)

Do you hold a Real Estate License? ___ No ___ Yes* License # _____ State: _____

*If yes, are you *actively* engaged in real estate brokerage? ___ Yes ___ No

FIRM INFORMATION:

Company Name _____

Company Address _____
Street City State Zip

Company Phone _____ Fax _____ Web Site _____

Is this your own company? ___ YES ___ NO*

*If no, is this company currently affiliated with Canopy? ___ YES** ___ NO

**If Yes, name of owner/head of company (print): _____

Date: _____

Signature of Head of Firm authorizing membership for above listed Affiliate applicant

OTHER INFORMATION:

1. Have you ever held membership with the Canopy Realtor® Association? ___ Yes* ___ No

*If Yes, please indicate the year you were last a member. _____

2. Are you a current or previous member of any *other* association/board of REALTORS®? ___ Yes* ___ No

*If yes, please list: _____
Board/Association State Year

3. To the best of your knowledge, please list all principals, partners, and/or corporate officers of the company:

AFFILIATE MEMBERSHIP PLEDGE

For adequate value received and in consideration of being an affiliate member in the Association, I irrevocably waive and release any claim or right of action that I may have or acquire against the Association or any of its officers, directors or members, for any act performed in connection with the business of the Association and, particularly, as to the acts of the Association or any of its officers, directors, or members taken in approving or not approving, advancing, suspending, expelling or otherwise disciplining me as an applicant or member of the Association.

I agree to pay the established dues as long as I remain a Member. I acknowledge that the present application fee (see fee schedule) and initial dues are prorated according to the schedule provided with this application and are due with this application. (ALL FEES AND DUES ARE NON-REFUNDABLE)

I acknowledge and understand that in the event my membership terminates for any reason and I re-apply for membership within two (2) years of the resignation/termination date, my membership will be reinstated upon payment of a \$50 reinstatement fee plus the current year's affiliate dues.

CONSENT

By signing below, I consent that the Realtor® Association (local, state, national) and their subsidiaries (e.g., MLS), may contact me via mail, email, text, phone or any other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association in the future. This consent recognizes that certain state and federal laws may place limitations on communications; however, I am waiving such limitations and agree to receive all communications as part of my membership.

I CERTIFY THAT I HAVE READ THE ABOVE AND THAT ALL INFORMATION FURNISHED BY ME ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND AND AGREE THAT FAILURE TO PROVIDE COMPLETE AND ACCURATE INFORMATION AS REQUESTED, OR ANY MISSTATEMENT OF FACT, SHALL BE GROUNDS FOR REVOCATION OF MY MEMBERSHIP, IF GRANTED. I ALSO CERTIFY THAT I HAVE READ AND AGREE TO ABIDE BY THE CANOPY REALTOR® ASSOCIATION BYLAWS.

Date _____ Signature _____

Dues payments to the Canopy Realtor® Association are not tax deductible as charitable contributions. However, portions of such payments may be tax deductible as ordinary and necessary business expenses. (Please consult your tax advisor.)

Method of Payment: ☐ Visa ☐ MC ☐ AMX ☐ Discover

Card # _____ **Exp.** _____

Please Print Name as shown on Card _____

Signature of Card Holder _____

AFFILIATE FEE SCHEDULE

There is a one-time \$250 application fee for all new individual Affiliate members.

There is a one-time \$600 application fee for all new Corporate Affiliate members.

There is a one-time \$25 application fee for *additional representatives* under a corporate Affiliate firm.

Month Joining	Application Fee	Local Dues	State Dues	Total	
			(optional)	Local Only	State & Local
January	\$250 / \$600 / \$25	\$125.00	\$185.00	\$375.00 / \$725.00 / \$150.00	\$560.00 / \$910.00 / \$335.00
February	\$250 / \$600 / \$25	\$114.58	\$169.58	\$364.58 / \$714.58 / \$139.58	\$534.17 / \$884.17 / \$309.17
March	\$250 / \$600 / \$25	\$104.17	\$154.17	\$354.17 / \$704.17 / \$129.17	\$508.33 / \$885.33 / \$283.33
April	\$250 / \$600 / \$25	\$93.75	\$138.75	\$343.75 / \$693.75 / \$118.75	\$482.50 / \$832.50 / \$257.50
May	\$250 / \$600 / \$25	\$83.33	\$123.33	\$333.33 / \$683.33 / \$108.33	\$456.67 / \$806.67 / \$231.67
June	\$250 / \$600 / \$25	\$72.92	\$107.92	\$322.92 / \$672.92 / \$97.92	\$430.83 / \$780.83 / \$205.83
July	\$250 / \$600 / \$25	\$62.50	\$92.50	\$312.50 / \$662.50 / \$87.50	\$405.00 / \$755.00 / \$180.00
August	\$250 / \$600 / \$25	\$52.08	\$77.08	\$302.08 / \$652.08 / \$77.08	\$379.17 / \$729.17 / \$154.17
September	\$250 / \$600 / \$25	\$41.67	\$61.67	\$291.67 / \$641.67 / \$66.67	\$379.17 / \$703.33 / \$128.33
October	\$250 / \$600 / \$25	\$31.25	\$46.25	\$281.25 / \$631.25 / \$56.25	\$353.33 / \$677.50 / \$102.50
November	\$250 / \$600 / \$25	\$20.83	\$30.83	\$270.83 / \$620.83 / \$45.83	\$301.67 / \$651.67 / \$76.67
December	\$250 / \$600 / \$25	\$10.42	\$15.42	\$260.42 / \$610.42 / \$35.42	\$275.83 / \$625.83 / \$50.83