



# AFFILIATE MEMBERSHIP APPLICATION

Phone: (704) 940-3110

Fax: (980) 556-7803

Email: membership@carolinahome.com

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

Do you hold a Real Estate License? \_\_\_ No \_\_\_ Yes: License # \_\_\_\_\_ State: \_\_\_\_\_

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

### PERSONAL INFORMATION:

Name (as appears on license, print) \_\_\_\_\_

Nickname \_\_\_\_\_ License #: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Home Fax \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Web site \_\_\_\_\_

Preferred Mailing Address (check one) \_\_\_ Office \_\_\_ Home

### FIRM INFORMATION:

Firm Name \_\_\_\_\_

Firm Address \_\_\_\_\_  
Street City State Zip

Firm Phone \_\_\_\_\_ Fax \_\_\_\_\_ Web Site \_\_\_\_\_

Description of Services: \_\_\_ Engineering \_\_\_ Financial \_\_\_ Home Warranty \_\_\_ Pest Control  
\_\_\_ Inspection (Type: Home / Radon / Other \_\_\_\_\_) \_\_\_ Other (Explain: \_\_\_\_\_)

Is this a current Affiliate member firm of the Canopy Realtor® Association? \_\_\_ No \_\_\_ Yes

If yes, name of the Head of Firm (print): \_\_\_\_\_

Date: \_\_\_\_\_

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

### OTHER INFORMATION:

1. If you were a previous member with the Canopy Realtor® Association, 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:

\_\_\_\_\_ Dues Paid Through \_\_\_\_\_  
Board/Association State Year

3. To the best of your knowledge, list all principals, partners, and/or corporate officers of the firm: \_\_\_\_\_

## 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 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.

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.

By signing below, I consent that the Realtor® Association's (local, state and national) and their subsidiaries, if any (e.g., MLS) may contact me at the specified address, telephone numbers, fax numbers and e-mail address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

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:  Check  Money Order  Visa  AMX  MC  Discover

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_

Please Print Name as shown on Card \_\_\_\_\_

## 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	\$111.50	\$185.00	\$361.50 / \$711.50 / \$136.50	\$546.50 / \$896.50 / \$136.50
February	\$250 / \$600 / \$25	\$102.25	\$169.58	\$352.25 / \$702.25 / \$127.25	\$521.83 / \$871.83 / \$296.83
March	\$250 / \$600 / \$25	\$93.00	\$154.17	\$343.00 / \$693.00 / \$118.00	\$497.17 / \$847.17 / \$272.17
April	\$250 / \$600 / \$25	\$83.75	\$138.75	\$333.75 / \$683.75 / \$108.75	\$472.50 / \$822.50 / \$247.50
May	\$250 / \$600 / \$25	\$74.25	\$123.33	\$324.25 / \$674.25 / \$99.25	\$447.58 / \$797.58 / \$222.58
June	\$250 / \$600 / \$25	\$65.25	\$107.92	\$315.25 / \$665.25 / \$90.25	\$423.174 / \$773.17 / \$198.17
July	\$250 / \$600 / \$25	\$56.00	\$92.50	\$306.00 / \$656.00 / \$81.00	\$398.50 / \$748.50 / \$173.50
August	\$250 / \$600 / \$25	\$46.75	\$77.08	\$296.75 / \$646.75 / \$71.75	\$373.83 / \$723.83 / \$148.83
September	\$250 / \$600 / \$25	\$37.50	\$61.67	\$287.50 / \$637.50 / \$62.50	\$349.17 / \$699.17 / \$124.17
October	\$250 / \$600 / \$25	\$28.25	\$46.25	\$278.25 / \$628.25 / \$53.25	\$324.50 / \$674.50 / \$99.50
November	\$250 / \$600 / \$25	\$19.00	\$30.83	\$269.00 / \$619.00 / \$44.00	\$299.83 / \$649.83 / \$74.83
December	\$250 / \$600 / \$25	\$9.75	\$15.42	\$259.75 / \$609.75 / \$34.75	\$275.17 / \$625.17 / \$50.17