

Tiftarea Board of REALTORS®

AFFILIATE MEMBERSHIP APPLICATION

Company Name: _____

Company Address: _____ Phone: _____ Cell: _____

_____ Email: _____

Website: _____ Type of Services Provided: _____

Representative Name(s): _____

Affiliate Membership: _____ **\$250.00 Per Year**

Includes: One representative (additional representative is \$150.00 per year)

Listing on Web Page, Facebook Page and monthly newsletter

Invitation to attend all General Membership Meetings

Opportunity to sponsor snacks at Continuing Education Classes

Affiliate Table at Tiftarea Board of REALTOR sponsored events

General Membership Meeting Luncheon Sponsorship - _____ **\$300.00 Per Event**

Includes: Opportunity to sponsor a meal served at the General

Membership Meeting

Recognition at the meeting and a table out front to meet and greet all members

Appreciation recognition in the monthly newsletter and on Facebook

Applicant Signature: _____ Date: _____

For consideration of membership, please mail the completed application and your check to the address below and you will be notified once your application has been accepted by the Board.

Tiftarea Board of REALTORS

P.O. Box 864

Tifton, GA 31793

229-388-1111

tiftareaml@gmail.com

The above Company has been approved as an Affiliate of The Tiftarea Board of REALTORS®

President, Tiftarea Board of REALTORS®

Date