



## APPLICATION FOR AFFILIATE MEMBERSHIP

*Nebraska REALTORS® Association*

I hereby apply for Affiliate Membership in the Nebraska REALTORS® Association, enclosing payment in the amount of \_\_\_\_\_\* dues which are to be refunded in the event of non-election. In event of my election, I agree to abide by its Articles of Incorporation, Bylaws and Rules and Regulations. I irrevocably waive all claims against the Association or any of its officers, directors, or members, for any act in connection with the business of the Association and particularly as to its or their acts in electing or failure to elect, advancing, suspending, expelling, or otherwise disciplining me as an applicant, or as a member. Upon the expiration of said membership for any cause, I will return to the Association all certificates, signs, seals or other indications of membership in the Nebraska REALTORS® Association.

***I hereby submit the following information for your consideration:***

Name \_\_\_\_\_

Name of Firm/Business \_\_\_\_\_

Office Address \_\_\_\_\_  
(street) (suite) (city) (state) (zip)

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

The following Active REALTOR® Members of the Nebraska REALTORS® Association know me and may be contacted regarding my application.

\_\_\_\_\_  
(Name) (Address) (Phone)

\_\_\_\_\_  
(Name) (Address) (Phone)

Are you a member of any other real estate Board/Association? \_\_\_\_\_

If so, please list name(s) of Boards/Associations: \_\_\_\_\_

Please state your reason for seeking membership in the Nebraska REALTORS® Association:

\_\_\_\_\_  
\_\_\_\_\_

I agree that, if accepted for Affiliate Membership in the Association, I shall pay the fees and dues as from time to time established.

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for denial of membership or revocation of my membership if granted.

AMOUNT DUE \$ \_\_\_\_\_\* Signed \_\_\_\_\_

\*See Affiliate Dues Schedule