
AFFILIATE MEMBERSHIP DATA FORM

*********	******	*******	*******
DATE:/		BOARD #: 6000 -	
AFFILIATE MEMBER:			
Firm Name:			
Address:			
Town/City:		State:	Zip:
Representative:			
	lame)	(First Name)	(I)
Type of Firm:		Phone #:	/
E-Mail:		Fax #	_/
Does this Firm hold a Membershi	p in any other L	Local Board?	
If Yes, please list the Name of the	Primary Board	through which your Fi	rm pays State Dues:
*********	******	*******	*******
20	23 AFFII	LIATES DUES	
**********	*****	******	********
	January - December		
ONE TIME APP FEE	\$100.00		
Banner Ad/June & December	\$140.00	June (\$70) December	er (\$70)
Local Board:	\$91.67 \$ 331.67		
Make check payable to: North C	ountry Board	of REALTORS®	
and Mail to: Stacy Kelley, Execut North Country Board		S®	

159 Pine Ridge Road Loudon, NH 03307