



4469 Bamboo Rd ♦ Boone, NC ♦ 28607 ♦ Phone: (828) 262-5437 ♦ Fax: (828) 262-1530
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APPLICATION Allied Membership

Date: ____ / ____ / ____

SECTION I

Primary Applicant Information

Name: _____

Phone: _____

Email: _____

Firm Information

Contact Name(s): _____

Company Name: _____

Name as you want it to appear on roster: _____

Type of Business: _____

Website: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

SECTION II

State the names and titles of all other principals, partners, or corporate officers of your firm. Feel free to attach a separate sheet if necessary.

_____ ♦ _____

_____ ♦ _____

Is the company address stated in Section I your principal place of business? Yes No

SECTION III

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, may be grounds for revocation of my membership, if granted.

I agree that, if accepted for Membership in the Board, I shall pay the fees and dues as established.

Applicant's Signature: _____ Date: _____

Annual membership is \$151.00. Pro-rated dues are outlined below.

January-March	April-June	July-September	October-December
\$151.00	\$114.50	\$78.00	\$41.50

If paying by check, please make checks payable to High Country Association of Realtors.