

Application for Membership BUSINESS AFFILIATE

Name:					_
Nickname:		DOB: _			
Residence Address:					_
City	State		_ Zip _		
Mailing Address (if differ	rent):				
City	State		_ Zip _		
Office Phone:	Cell Phone:				
Email Address:					-
Please submit an electro	onic copy of your logo to	: cccborev	ents@gmail.co	<u>m</u>	
	BUSINESS IN	NFORMATIO	NC		
Business Name:					
Business Address:					
City	State		_ Zip _		
Office Phone:	Webs	Website:			
Preferred method of Co	mmunication: Email	Text	Phone	Mail	
	Camden/Charlton Coun	tv Board of	REALTORS®		

Camden/Charlton County Board of REALTORS®
70 Hawthorn Lane, Suite C, St. Marys, Georgia 31558
Phone 912.882.5806

www.cccbor.com cccborevents@gmail.com

To receive the many opportunities, benefits, and services available through the industry's foremost trade group, I hereby apply for Affiliate membership in the Camden/Charlton County

joining. I understand dues are non-	5 . 5	the following:
Notify the CCCBOR upon cha	anges of email or mail	address or phone number.
due by November 30 each ye	ar, and members will	indable. I understand annual dues are be assessed late fees if not paid by ilable. (Contact CCCBOR for details.)
Are you currently a member of any	other Board/Associat	ion of REALTORS®
Yes No If yes, name of A	Association	
Have you previously held members	ship in any other Boar	d/Association of REALTORS®?
Yes No If yes, name of A	association	
If you have ever been a REALTOR membership (NRDS) #		er board, indicate your NAR
that failure to provide complete and fact, shall be grounds for revocation	l accurate information n of my membership i	y me is true and correct, and I agree as requested, or any misstatement of f granted. I further agree that, if e fees and dues as from time to time
charitable contributions. Such paymecessary business expense. Paymecharlton Board of REALTORS® at by credit card, by entering the information of the contributions.	nents may, however, t nent by check and be 70 Hawthorn Lane St mation below, you aut	of REALTORS® are not deductible as the deductible as an ordinary and dropped off or mailed to the Camden wite C, St. Marys, GA 31558. If paying chorize payment total according to the edit card processing transaction fee of
I also authorize my voluntary \$25.0	0 contribution to RPA	C: Yes No
Select Card: VISA MasterCar	d American Exp	ress Discover
Card Number:		CSC
Expiration Date:		<u> </u>
Name on Card:		
Billing address if different from mail	ing address:	
City	State	ZIP