



**LAFAYETTE REGIONAL ASSOCIATION OF REALTORS, INC.**

**1415 Union Street Lafayette IN 47904**

**2020 AFFILIATE MEMBER APPLICATION**

Company Name: \_\_\_\_\_

Primary Member Name: \_\_\_\_\_

Position and Title with Company \_\_\_\_\_

Company Address: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Principal Business/Service Offered by Firm \_\_\_\_\_

Do you have an Indiana Real Estate or Appraiser License? \_\_\_\_\_

**ASSOCIATE MEMBERS PARTICIPATING : (Please List, add additional page if needed)**

1. \_\_\_\_\_ Email \_\_\_\_\_

2. \_\_\_\_\_ Email \_\_\_\_\_

3. \_\_\_\_\_ Email \_\_\_\_\_

4. \_\_\_\_\_ Email \_\_\_\_\_

5. \_\_\_\_\_ Email \_\_\_\_\_

*I hereby apply for Membership in the Lafayette Regional Association of Realtors®. I waive, irrevocably, any and all claims against the Association, its Officers and Directors for failing to elect me to membership. I certify all the information provided on this application is true and correct.*

**Please submit a check made payable to LRAOR for annual dues and application fees.**

**One-time app fee \$300.00**

**Office annual dues \$350**

**Associate member annual dues \$100**

**Total Payable to LRAOR \$ \_\_\_\_\_**