
AFFILIATE MEMBERSHIP DATA FORM

DATE: ___/___/___

BOARD #: 6000 -

AFFILIATE MEMBER:

Firm Name: _____

Address: _____

Town/City: _____ State: _____ Zip: _____

Representative: _____
(Last Name) (First Name) (I)

Type of Firm: _____ Phone #: ___/___/___

E-Mail: _____ Fax # ___/___/___

Does this Firm hold a Membership in any other Local Board? _____

If Yes, please list the Name of the Primary Board:

2025 AFFILIATES DUES

	January - December
ONE TIME APP FEE	\$100.00
Banner Ad/June & December	\$140.00 OPTIONAL June (\$70) December (\$70)
Local Board:	<u>\$120.00</u>
	\$ 360.00

Make check payable to: **North Country Board of REALTORS®**

and Mail to: Stacy Kelley, Executive Officer
North Country Board of REALTORS®
159 Pine Ridge Road
Loudon, NH 03307