Affiliate Membership Application

FREDERICK COUNTY ASSOCIATION OF REALTORS®, INC.

Title Preference: ☐ Mr. ☐ Ms. ☐ Mrs.

First Name _____ MI _____ Last Name _____ Nickname _____

Office/Company Information

Type of Business: _____ Md. Inspector License #: _____

Office/Company Name _____ Office Phone Number _____ Office Fax Number _____

Office/Company Address _____ Suite # _____ City _____ State _____ Zip Code _____

Home Information

Street Address _____ Apt # _____ City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Home Fax Number _____ Contact Phone Number _____

E-Mail Address _____ Website Address _____

Preferred Mailing Address: ☐ Office ☐ Home Preferred Fax Machine: ☐ Office ☐ Home

I agree to abide by the Bylaws, Policies and Procedures of the Frederick County Association of REALTORS®, Inc. I agree to pay the established fees and dues in effect as long as I am a member of this Association. In the event I wish to terminate my membership, I will notify FCAR writing. I understand that dues and fees are not refundable. NOTE: Membership in FCAR is held by individuals, not by companies.

_____ _____

(Signature of Applicant) **(Date)**

FOR FCAR STAFF ONLY

Date Joined: _____ Member #: _____

FCAR Dues Paid: _____ State Dues Paid (optional): _____

Total Paid: _____ Initials: _____

Frederick County Association of REALTORS®, Inc.
478 Prospect Boulevard, Frederick MD 21701
(Phone) 301-663-0757
Barb@fcar.org www.fcar.org