

Lexington-Bluegrass Association of REALTORS
2250 Regency Road 859-276-3503
www.LBAR.com fax 859-277-0286

AFFILIATE MEMBERSHIP APPLICATION

Office Name _____

Office Number _____ (Association assigned)

Contact Person _____

Company name as you want it to appear in the roster _____

P. O. Box _____ Zip Code _____ (If applicable)

Office Address _____

City, State & Zip _____

Office phone number _____ Office fax number _____

E-mail address _____ Web site _____

(Please e-mail your company logo to marsha@lbar.com.)

Voice Mail number _____ Cell phone number _____

Date of application _____ Date of approval _____

Type of business _____

Description of services _____

List any of the principals, officers or employees in your office who hold (or as ever held) a real estate

license: _____

Additional names for LBAR roster (@\$10/ea): _____

Are you bonded? _____ If so, name of insurance _____

If you are an inspector, it is necessary to provide your license number _____

Please inform the Association office if there is a change in any of the above information.

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APPLICATION FOR AFFILIATE MEMBERSHIP

I hereby apply for AFFILIATE membership in the Lexington-Bluegrass Association of REALTORS®, enclosing my check in the amount of \$ _____. I also agree to abide by the Bylaws and the Rules and Regulations of the Lexington-Bluegrass Association of REALTORS®.

I consent that the Association, through its Member Services Committee or otherwise, may invite and receive information and comments about me from any Member or other person, and I further agree that any information and comment furnished to the Association by any person in response to the invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel, or defamation of character.

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

Signed _____
(Applicant)

OVER

DUES AND FEES ARE NOT REFUNDABLE