

Mailing address:
St. Lawrence Co Board of
REALTORS®
c/o JLBOR
210 Court St Suite 112
Watertown NY 13601



Physical Address:
The Tallman House
5862 US Route 11
Canton NY, 13617

Phone (315) 379-1439 Fax (315) 782-3541
Website: www.slcmcls.com Email:slbor@slcmcls.com

APPLICATION FOR AFFILIATE MEMBERSHIP

Please accept my application for membership as an affiliate member of the St. Lawrence County Board of REALTORS®, Inc. My check for the remainder of the year's Board dues accompanies this application. (Note: Application is not complete until the dues are paid.¹)

I authorize the Board to gather information and comments from any member or other person regarding my suitability for membership. I agree that any such information will be used solely for the purpose of determining membership status and will not form the basis of any action by me against the Board.

I understand that, unless I indicate otherwise, I give permission for the Board Office to contact me by mail, fax, phone, and e-mail using the information supplied. Further that the Board may share this information with the National Association of REALTORS® and the New York State Association of REALTORS®.

I, _____, hereby submit the following information for your consideration.

FIRM STATUS

Position: _____ Years held: _____

Firm Name: _____

Firm Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) _____ Fax Number: (____) _____

Email Address: _____ Website Address: _____

Check One: _____ Individual _____ Partnership _____ DBA _____ Corporation

Do you presently hold a real estate license? _____ No _____ Yes

If Yes, License Number: _____ Issuing State _____

¹ Application and payment can be sent to the St. Lawrence County Board of REALTORS®, Inc., c/o Jefferson-Lewis Board of REALTORS®, Inc., 210 Court Street Suite 112 Watertown, NY 13601.

PERSONAL DATA

* Denotes mandatory to answer.

*Name as it should appear on the roster: _____

Nickname: _____

Home Address: _____

Home Telephone: (_____) _____ Cell Phone: _____

*Mail sent to: _____ Home Address _____ Business Address

*When did you first enter this real estate related business? _____

*Have you been continually engaged in the business since that date? _____ Yes _____ No

Are you currently a member of any other trade or professional association(s)?

_____ Yes _____ No

If so, please list _____

Have you ever been active in a multiple listing service? _____ Yes _____ No

Signature

Date

Please mail Association dues check with this application to:

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c/o Jefferson-Lewis Board of REALTORS®, Inc.
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2020 Affiliate Member Dues

*There is no application fee for Affiliate Members

*Dues are pro-rated by month joined

Full Year (January – December 2020)

<i>Item</i>	<i>Affiliate</i>
Application Fee (Not Pro-Rated)	N/A
Local Dues	\$135.00
Office Fee (Not Pro-Rated)	-
NYSAR Dues	\$92.00
NYSAR Assessment	\$8.00
NAR Dues	-
NAR Ad Assessment	-
RPAC (Voluntary, Pro-Rated)	\$20.00
Total per year	\$255.00

<i>Month Joined</i>	<i>Affiliate Dues</i>
February	\$235.42
March	\$215.83
April	\$196.25
May	\$176.67
June	\$157.08
July	\$137.50
August	\$117.92
September	\$98.33
October	\$78.75
November	\$59.17
December	\$39.58