

**JACKSON ASSOCIATION OF REALTORS® , INC.**

P.O. BOX 1047  
JACKSON, MS 39215-1047  
601-948-1332  
601-355-8707 (FAX #)

**AFFILIATE MEMBERSHIP APPLICATION**

DATE: \_\_\_\_\_

I hereby apply for **Affiliate Membership** in the above named Association, enclosing my check for the application fee in the amount of **\$100.00**, which will be returned to me in the event I am not approved for membership.

If approved for membership, I agree to abide by the Code of Ethics and the Constitution, Bylaws, and Rules and Regulations of the above named local Association, and the State Association. I consent and authorize that the Association, through its Membership Credentials Committee or otherwise, may invite and receive information and comment 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 agree that if accepted for membership in the Association, I shall pay the fees and dues as from time to time established by the Board of Directors.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

I hereby submit the following information for your consideration:

FIRM NAME: \_\_\_\_\_ APPLICANT'S NAME: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

OFFICE PHONE #: \_\_\_\_\_ FAX PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Do you hold an active real estate license? \_\_\_\_\_ YES \_\_\_\_\_ NO

I am applying for: \_\_\_\_\_ CORPORATE/FIRM MEMBERSHIP  
\_\_\_\_\_ INDIVIDUAL MEMBERSHIP REPRESENTING MY FIRM

APPLICATION FEE: **\$100.00** (paid one time only)

ANNUAL DUES: **\$319.00**

\*Dues are prorated and the exact amount will be determined by the month in which you are approved for membership.