



**APPLICATION FOR AFFILIATE MEMBERSHIP  
ASSOCIATE MEMBER**

**GREATER MANCHESTER/NASHUA BOARD OF REALTORS®, INC.  
166 South River Rd., Bedford, NH 03110**

To the Greater Manchester/Nashua Board of REALTORS®, I hereby apply for Associate Affiliate Membership in the above named Board and am enclosing my check in the amount of \$ **\$25.00 payable to GMNBR\***. My application fee and 2008 dues will be returned to me in the event of non-election.

**\*If you would like to join the New Hampshire Association of REALTORS® please add an additional \$80.**

I hereby submit the following information for your consideration:

Company Name: \_\_\_\_\_

Company Information:     Sole Proprietor     Partnership     Corporation     LLC (Limited Liability Company)

Type of Business: \_\_\_\_\_

Applicant/Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Licensed/certified appraiser: [  ] Yes [  ] No                      Appraisal License #: \_\_\_\_\_

Office Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Are you presently a member of any other Association(s) of REALTORS®? [  ] Yes [  ] No

If yes, name of Association and type of membership held: \_\_\_\_\_  
\_\_\_\_\_

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. I further agree that, if accepted for membership in the Board, I shall pay the fees and dues as from time to time established. **NOTE:** Payments to the Greater Manchester/Nashua Board of REALTORS® are not deductible as charitable contributions. Such payments may, however, be deductible as an ordinary and necessary business expense. No refunds.

By signing below I consent that the REALTOR® Associations (local, state, national) and their subsidiaries, if any (e.g., MLS, Foundation) may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. This consent recognizes that certain state and federal laws may place limits on communications that I am waiving to receive all communications as part of my membership.

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

*(Form approved 12/8/05)*