

**APPLICATION FOR ALLIED MEMBERSHIP
HAYWOOD COUNTY BOARD OF REALTORS®**

OFFICE DATA

Firm Name: _____
Post Office Box: _____ Street Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Fax Number: _____ email address: _____

**COMPANY REPRESENTATIVES - ANNUAL DUES AMOUNT
(pro-rated-quarterly*)**

Primary Member: _____ @ **\$75.00**
Additional Member: _____ @ **\$20.00**
Additional Member: _____ @ **\$20.00**
Additional Member: _____ @ **\$20.00**
Additional Member: _____ @ **\$20.00**
TOTAL NO. MEMBERS _____ **TOTAL DUES AMT. \$** _____

***Primary (Additional):1st qtr.- \$75 (20); 2nd qtr.- \$56 (\$15); 3rd qtr.- \$37 (\$10); 4th qtr - \$18 (\$5).**

Authorizing Signature

Date

**MAIL TO: 695 North Main Street
Waynesville, NC 28786**

FAX: 828-452-0073