

**APPLICATION FOR ALLIED MEMBERSHIP
HAYWOOD REALTOR® ASSOCIATION**

OFFICE DATA

Firm Name: _____

Post Office Box: _____ Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____ email address: _____

Firm Web-Site / URL Address: _____

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

Primary Member: _____ @ **\$150.00**

Additional Member: _____ @ **\$30.00**

TOTAL NO. MEMBERS _____ **TOTAL DUES AMT. \$** _____

***Pro-Rated: 1st qtr. - \$150 (\$30); 2nd qtr. - \$113 (\$20); 3rd qtr. - \$76 (\$10); 4th qtr - \$39 (\$5)**

Authorizing Signature

Date

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

FAX: 828-452-0073