



La Porte County Association of REALTORS
 P.O. Box 248, La Porte, IN 46352
 Phone: 219-324-8120 Fax: 219-324-9323

APPLICATION FOR AFFILIATE MEMBERSHIP

To: La Porte County Association of REALTORS
 (Name of Association Affiliated with the National Association of REALTORS)

From: _____ Title: _____

Company Name: _____

Business Mailing Address: _____

Business email/website: _____

Business Phone: _____

Business Fax: _____

Affiliate Members: _____

(include email address)

Name of References: _____

I agree to abide by the Bylaws of the La Porte County Association of REALTORS, Inc. to which this membership application is directed, of the National Association of REALTORS and the Indiana Association of REALTORS. A Remittance of **\$50.00** representing my application fee accompanies this application. Yearly dues are payable upon billing and are \$280.00 per year.**

Signature of Applicant _____ Date _____

**Dues are prorated quarterly from the date of approval. Annual Dues are listed below.

Affiliate Fees:

- Application Fee: \$ 50.00
- Annual Dues: \$280 for one affiliate member
- \$350 for two affiliate members
- \$450 for up to four affiliate members

