

REALTORS® ASSOCIATION OF YORK & ADAMS COUNTIES, INC.
APPLICATION FOR AFFILIATE MEMBERSHIP
(Primary Contact)

Firm Name _____

Address _____

Phone # (_____) _____ Fax # (_____) _____

E-Mail Address _____

Web Site Address _____

Primary Contact Name _____

Give **detailed** description of business _____

Does anyone in your firm currently hold an active Real Estate license or Appraiser certification? _____

If so, please specify license/certification number and name(s): _____

Signature and Title of Contact Person

Date

Signature and Title of Company Official

Date

Submit with applicable dues payment. The dues for affiliate membership are pro-rated monthly and there is a \$50.00 application fee. Please call for pro-rated fees: 717-843-7891.

REALTORS® Association of York & Adams Counties, Inc.

901 Smile Way

York, PA 17404

FOR ASSOCIATION USE ONLY

Date Application & Dues received _____

Date of Publication to Membership _____