

AFFILIATE MEMBERSHIP APPLICATION

Please type or print; complete all applicable spaces.

Names as you would like them to appear in all our materials and communications.

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____ Web Page: _____

Description of business services and/or products: _____

Would you be interested in teaching a class or seminar on your business? Yes No

Annual Affiliate Membership Dues: \$325.00 (prorated quarterly)

Check enclosed payable to SVAR OR Charge my Card: VISA MC DISC AMEX

CC#: _____ Exp: ____/____/____ CSV: _____

Name on card: _____

Billing address for card (if different from above): _____

City: _____ State: _____ Zip: _____

I hereby authorize payment via my card for the above referenced amount to the Southside Virginia Association of REALTORS®.

Signature of Cardholder: _____

For Internal Use

Date Received by SVAR: ____/____/____ Processed by: _____

Authorization Code: _____

**Please return this form along with payment to SVAR at the address below.
Thank you, and welcome to the Association!**

