

# AFFILIATE MEMBERSHIP APPLICATION

*Please type or print; complete all applicable spaces.*

**Prorated calendar for Affiliates:**

**January – March**  
\$325

**April – June**  
\$243.75

**July – September**  
\$162.50

**October – December**  
\$81.25

Enter all names as you would like them to appear in all our marketing materials and communications.

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Birthday (Month/Day): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

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 (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!**

