

# PREFERRED BUSINESS PARTNER MEMBERSHIP APPLICATION

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

**Prorated calendar for Preferred Business Partner:**

**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: \_\_\_\_\_ Cell \_\_\_\_\_

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

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

Business Category : \_\_\_\_\_

Description of business services and/or products: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name referring member: \_\_\_\_\_

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

**Please return this form to [info@svarealtors.com](mailto:info@svarealtors.com).  
A link for payment will be sent after application has been processed.**

**Thank you, and welcome to SVAR!**