



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.
A link for payment will be sent after application has been processed.
Thank you, and welcome to SVAR!**

