

## Application for Affiliate Membership

1919 W. Stadium Blvd., Ann Arbor, MI 48103 Phone: (734) 761 – 7340 | Fax: (734) 747 – 7377

Email: realtors@AAABoR.com | Website: www.AAABoR.com

New Affiliate Member:			
First & Last Name:	Today's Date		
Home Address:	City:	Zip:	
Cell Phone #:	List this phone in Dir	ectory? Yes No	
Email Address:	Website:		
Date of Birth: Licens	se # (if applicable):	Nickname:	
Type of Business:			
Accounting	Graphic Design	Locksmith	
Advertising	Home Health Care	Mailing Services	
Appraising	Home Inspection	Management / Consulting	
Architectural	Home Repair	Marketing / Media	
Attorney	Home Staging	Moving Services	
Banking / Mortgage	Home Warranty	Office Supply	
City / County	Insurance	Pest Control	
Communication	Interior Design	Photographer	
Computer Consulting	Investment	Printing / Copying Service	
Construction / Development	ISP Services	Public Services	
Discover	Junk & Debris Removal	Title Companies	
Environmental	Landscaping	Well & Septic Inspections	

Business Name:			
Office Address:	City:	Zip:	
Office Phone #:	Office Fax #:		
this allows access to the on- \$156.00/quarterly access ch guidelines permitted by the Prorated Affiliate Member Jan - \$186.00   Feb - \$170.50	the Ann Arbor Area Board of RE line comparable program. I also large. I agree to publish informa National Association of REALTO	ay - \$124.00   June - \$108.50   July - \$93.00	
For AAAI	BoR Office Use Only:		
	Copy to Finance_		
Total \$ _	copy to i mance_		



## **Payment Sheet**

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Credit Card 1	Гуре:		
Personal	Business/Corporate	Visa / MasterCard / Discover / American Express / Check / Cash	
Name (as it appears on card):			
Card #:		Exp. Date: Amount:	
Signature:			