



## **AFFILIATE MEMBERSHIP APPLICATION**

*By joining as an Affiliate member, you can take advantage of the many benefits offered by the New Castle County Board of REALTORS®.*

*You can become an Affiliate member today by completing these steps:*

1. Print and complete the application
2. Forward the application and annual membership fees
  - a. By fax – 302-762-4840 – include completed credit form
  - b. By mail – 3615 Miller Road, Wilmington, DE 19802 – check or credit card accepted – (Credit Card Form - Attached)
  - c. In person – 3615 Miller Road, Wilmington, DE 19802 – check, money order or credit card accepted – (Board hours are Mon – Fri; 9:30 a.m. to 4:30 p.m.)
3. Offices new to NCCBOR will need to complete the new office application and include a new office application fee of \$100.00



**Check the type of membership for which you are applying:**

Individual Affiliate (membership held by individual) \_\_\_\_\_

Corporate Affiliate (membership is transferrable to persons within the company only) \_\_\_\_\_

Secondary Corporate Affiliate (membership is available only after a Corporate Affiliate membership is filled and is transferrable within the company only) \_\_\_\_\_

**MEMBER INFORMATION:**

Title Mr. Mrs. Miss Ms. Other \_\_\_\_\_ Generation: (i.e., Jr., Sr., II, etc.) \_\_\_\_\_

NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_

\*EMAIL: \_\_\_\_\_ (\*Required)

HOME ADDRESS: \_\_\_\_\_

\*CELL NUMBER: \_\_\_\_\_ (\*Required) HOME PHONE: \_\_\_\_\_

PERSONAL FAX: \_\_\_\_\_

GENDER: Male Female

**OFFICE INFORMATION:**

OFFICE NAME: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ OFFICE FAX: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Do you hold a current real estate license? No \_\_\_ Yes \_\_\_

If yes, License # \_\_\_\_\_ State \_\_\_\_\_

Are you a member of another real estate Board/Association? No \_\_\_ Yes \_\_\_

Name of Board/Association \_\_\_\_\_

In which phase of real estate do you specialize? Pest/Termite Control Legal Appraisal  
Home Inspection Contractors Financial Institutions Organizations/Government Agencies  
Property Management/Investment Other \_\_\_\_\_

License # \_\_\_\_\_ (required for any real estate specialty requiring DE license)

Has your membership ever been suspended or terminated in another real estate board? No Yes (If yes, please explain) \_\_\_\_\_

Are there any pending or unresolved complaints, or have there been within the past 3 years any complaints against you or the firm with which have been associated before any regulatory agency, civil rights agency or any other agency of government? Yes \_\_\_ No \_\_\_

If "yes", specify the substance of each complaint in each state, the agency before which complaint was made, and the current status or resolution of such complaint: (Attach separate sheet if necessary) \_\_\_\_\_

Other than minor traffic violations, have you ever been convicted of a crime or do you have any pending criminal charges? Yes \_\_\_ No \_\_\_

If so, give details including state, court of conviction and current status or resolution of such matter. (Attach separate sheet if necessary) \_\_\_\_\_

Please provide additional comments you would like to have considered with your application: \_\_\_\_\_



## AFFILIATE AGREEMENT

I understand that submission of application does not constitute membership. Applicants for Affiliate membership shall be granted *provisional* membership immediately upon submission of a completed application form and remittance of applicable association fees and any application fee. Provisional members shall be considered NCCBOR Affiliates and shall be subject to all of the same privileges and obligations of membership. Provisional membership is granted subject to subsequent review of the application by the Board of Directors. I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership, if granted. I also agree that, if accepted to the Board, I shall pay the dues and fees as from time to time established. I understand that I am financially responsible for all debts incurred. I consent and authorize the NCCBOR, to invite and receive information and comment about me from any Member or other person listed as a reference, and I agree that information and comment furnished to the Board by a Member or other person in response to any such invitation shall be conclusively deemed to be privileged and not form the basis of any action by me for slander, libel or defamation of character.

I have read the NCCBOR governing documents (available for viewing at [www.nccbor.com](http://www.nccbor.com)) and if approved for membership in the New Castle County Board of REALTORS®, I agree to abide by their governing Bylaws. *Enclosed is my payment of \$200.00 (application fee), and \_\_\_\_\_ for my annual dues. I understand if the Board of Directors determines that the individual does not meet all of the qualifications for membership as established in the association's Bylaws, or, if the individual does not satisfy all of the requirements of membership, membership will be terminated and dues shall be returned to the individual less a prorated amount to cover the number of days that the individual received association services and any application fee.*

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_



## AFFILIATE OFFICE APPLICATION

*A new office application fee of \$100.00 will need to be included with the application.*

Office Information \_\_\_\_\_

Office Name: \_\_\_\_\_

Office Street Address: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

Corporate Affiliate\*: \_\_\_\_\_

EIN (if applicable): \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Office Fax Number: \_\_\_\_\_

Office Website Address: \_\_\_\_\_

Office E-mail Address: \_\_\_\_\_

*\* Corporate Affiliate (membership is transferrable to persons within the company and is the responsible member for the office). Please provide name only if individual affiliate membership is not desired. \**



**CREDIT CARD CHARGE FORM**

MEMBER NAME: \_\_\_\_\_ FIRM: \_\_\_\_\_

Quantity	Description of Charge	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>TOTAL AMOUNT CHARGED</b>		<b>\$ _____</b>

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CID# \_\_\_\_\_ Zip Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cell: \_\_\_\_\_ Business: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_