



AFFILIATE MEMBERSHIP APPLICATION

Please complete and return to Genya Dell'Orefice | E: genya@nccbor.com | F: 302.762.4840

Offices new to NCCBOR will need to complete the new office application and include a new office application fee of \$100.

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

Please Complete the Following Information:

NAME: _____ NICKNAME: _____

OFFICE NAME: _____

OFFICE ADDRESS: _____

OFFICE PHONE: _____ OFFICE FAX: _____

EMAIL: _____

HOME ADDRESS: _____

CELL NUMBER: _____

In which phase of real estate to you specialize?

- Pest Control Legal Appraisal Financial Home Inspection Contractor
- Organizations/Government Agencies Property Management Other _____

License Number _____ (Required for any real estate specialty requiring DE License)

Do you hold a current real estate license? YES NO

If yes, please provide your License Number _____ State _____

Are you a member of another real estate Board / Association? YES NO

Name of the Board / Association _____

Has your membership ever been suspended or terminated in another real estate board? YES NO

If yes, please explain _____

Are there, or has there been within 3 years, any pending or unresolved complaints against you or the associated firm before any regulatory agency, civil rights agency, or any other agency of government? YES NO

If yes, please specify the substance of each complaint in each state, the agency before which the 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 yes, please give details including state, court of conviction and current status or resolution of such matter.
(Attach separate sheet if necessary) _____



AFFILIATE OFFICE APPLICATION

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

Office Name: _____

Office Street Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone Number: _____

Office Fax Number: _____

Office Website Address: _____

Office E-mail Address: _____

Corporate Affiliate*: _____

EIN (if applicable): _____

*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. *

PAYMENT INFORMATION: Membership Dues & Application Fee Breakdown by Month
Dues are based off of join date.

| | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|------------------|----------|----------|----------|----------|----------|----------|----------|----------|---------|---------|---------|---------|
| Primary | \$280.00 | \$256.67 | \$233.34 | \$210.01 | \$186.68 | \$163.35 | \$140.02 | \$116.69 | \$93.36 | \$70.03 | \$46.70 | \$23.37 |
| Secondary | \$75.00 | \$68.75 | \$62.50 | \$56.25 | \$50.00 | \$43.75 | \$37.50 | \$31.25 | \$25.00 | \$18.75 | \$12.50 | \$6.25 |



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 consent to my picture being taken at Board Events and possibly being used for NCCBOR Promotional materials. I also agree to receiving emails pertaining important information and dues on a weekly basis. 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) 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: _____



CREDIT CARD CHARGE FORM

MEMBER NAME: _____ FIRM: _____

| Quantity | Description of Charge | Amount |
|-----------------------------|-----------------------|-----------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| TOTAL AMOUNT CHARGED | | \$ _____ |

Card #: _____ - _____ - _____ - _____

CID# _____ Zip Code: _____

Expiration Date: _____

Cell: _____

Business: _____

Signature: _____

Date: _____