

**APPLICATION FOR AFFILIATE MEMBERSHIP
MULTIPLE LISTING SERVICE
OF THE
WINSTON-SALEM REGIONAL ASSOCIATION OF REALTORS® , INC.**

FIRM NAME: _____

AFFILIATE MEMBER: _____

FIRM ADDRESS: _____

FIRM TELEPHONE #: _____ OFFICE HOURS: _____

FAX NUMBER # _____ E-MAIL ADDRESS: _____

NON-REFUNDABLE MEMBERSHIP FEE OF \$150.00 DUE WITH APPLICATION!

I agree as a condition of participation in the MLS to abide by all relevant Bylaws, Rules and other obligations of participation including payment of fees.

WSRAR MLS Bylaws, WSRAR MLS Administrative Policy Manual and Triad MLS Bylaws and Rules and Regulations are available at www.wsrar.com.

SIGNED _____ DATE _____

FOR OFFICE USE ONLY:

- | | |
|--|------------|
| 1. Received application and check..... | Date _____ |
| 2. Affiliate dues paid for the year..... | Date _____ |
| 3. Notified member of acceptance..... | Date _____ |