



**Johnston County Association of REALTORS®**  
 918 US Hwy 42W  
 Clayton, NC 27520



Telephone: 919-989-9797  
 admin@jcrealtors.org www.jcrealtors.org  
**2019 Affiliate Membership Application**

**1. Information About You**

Please provide a jpg version of you logo

Firm Representative \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Home Fax \_\_\_\_\_  
 Cell Telephone \_\_\_\_\_ Previous Association Membership \_\_\_\_ Yes \_\_\_\_ No  
 Email \_\_\_\_\_

**2. Business Information**

Firm Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Firm Telephone \_\_\_\_\_ Firm Fax \_\_\_\_\_  
 Preferred Mailing Address \_\_\_\_\_ Office \_\_\_\_\_ Home \_\_\_\_\_  
 Website \_\_\_\_\_  
 Email \_\_\_\_\_

Please provide your logo to dawn@jcrealtors.org

**3. Other Information**

If formerly a member of the Johnston County Association of REALTORS®, indicate the last month and year that you were a member. Month \_\_\_\_\_ Year \_\_\_\_\_ .

If transferring from another Association of REALTORS®, name of the other Association. Name \_\_\_\_\_ . Dues paid through \_\_\_\_\_ .

If you currently hold membership in another Association of REALTORS®, list association name and state. Name \_\_\_\_\_ . State \_\_\_\_\_ .

**AFFILIATE MEMBERSHIP**

**Affiliate Membership**

Obtained in the name of the firm or company interested in becoming affiliated with JCAR. The firm appoints a representative, who is the primary contact and recipient of communications concerning the firm's membership. Qualifications: Owners, principals, or managers of a firm who, while not engaged in real estate sales, have interests requiring information concerning real estate and are in sympathy with the objectives of JCAR. The person serving as the designated affiliate may be substituted by another qualified individual by submitting the change in writing on company letterhead.

I enclose my check in the amount of \$ \_\_\_\_\_ ( Membership Dues).  
 Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

2019 Membership Dues			
Date of Entry	Affiliate Dues	Application Fees	Total
January-December	\$275.00	\$25.00	\$300.00
April-December	\$225.00	\$25.00	\$250.00
July-December	\$175.00	\$25.00	\$200.00
October-Dec.	\$100.00	\$25.00	\$125.00