

Affiliate Application

Individual / Corporate Membership

Return Application and Payment to:
CMR Member Services
P.O. Box 1047
Jackson, MS 39202

For all affiliate membership types, please complete this page providing the contact information for the person responsible for paying the bill. This may be the same person as shown on the membership application or a corporate contact. Information for the local office and representative is to be provided on the next page.

Billing Information

Company Name: _____

Business Type: _____

Contact Name: _____

Billing Address: _____

City, St. Zip: _____

Contact Phone: _____ **Cell:** _____

Contact Email: _____

Corporate Website: _____

Affiliate Application

Individual / Corporate Membership

Membership Type:

Corporate* Individual

**If requesting a corporate membership, please submit this page for each individual representative.*

Representative Information

Representative Name: _____

Mailing Address: _____

City, St. Zip: _____

Phone: _____ **Cell:** _____

Email: _____

Website: _____

Do you hold an active real estate license? Yes No

Acknowledgement Statement

I hereby apply for Affiliate Membership in **Central Mississippi REALTORS®** (CMR), enclosing my check for the application fee and prorated dues, which will be returned to me in the event I am not approved for membership.

If approved for membership, I agree to abide by the Code of Ethics and the Constitution, Bylaws, and Rules and Regulations of **Central Mississippi REALTORS®**, the **Mississippi Association of REALTORS®**, and the **National Association of REALTORS®**. I consent and authorize that CMR, through its Membership Credentials Committee or otherwise, may invite and receive information and comment about me from any member or other person and I further agree that any information and comment furnished to CMR by any person in response to the 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 agree that if accepted for membership in CMR, I shall pay the fees and dues as from time to time established by the Board of Directors.

I have read, understand and agree to the Acknowledgement statement above.

Signature: _____