Affiliate Application
For Membership with
FREDERICK COUNTY ASSOCIATION OF REALTORS®, INC.

Mr.
Ms.
Mrs, _____ ____ _____ _____
First Name MI Last Name Nickname

OFFICE/COMPANY INFORMATION

Type of Business: _____ **Md. Inspector License #:**_____

_____ _____ _____
Office/Company Name Office Phone Number Office Fax Number

_____ _____ _____ ____ _____
Office/Company Address Suite # City State Zip Code

HOME INFORMATION

_____ _____ _____ ____ _____
Street Address Apt # City State Zip Code

_____ _____
Home Phone Number Cell Phone Number

_____ _____
Home Fax Number Contact Phone Number

_____ _____
E-Mail Address Website Address

Preferred Mailing Address: ☐ Office ☐ Home Preferred Fax Machine: ☐ Office ☐ Home

I agree to abide by the Bylaws, Policies and Procedures of the Frederick County Association of REALTORS®, Inc. I agree to pay the established fees and dues in effect as long as I am a member of this Association. In the event I wish to terminate my membership, I will notify FCAR writing. I understand that dues and fees are not refundable. (Membership in FCAR held by individuals, not companies.)

Signature: _____ Date: _____

FOR FCAR STAFF ONLY

Member #: _____ Joined Date: _____

Application Fee: _____ FCAR Dues Paid: _____

State Dues Paid : _____ TOTAL: _____ Initials: _____
(Optional)

FREDERICK COUNTY ASSOCIATION OF REALTORS®, INC.
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info@fcar.org www.fcar.org