EUP Board of REALTORS®
P.O. Box 204
Sault Ste. Marie, MI 49783
Phone: (906) 632-7336
Email: eupboardofrealtors@gmail.com

APPLICATION FOR AFFILIATES

Date: _____

Name of Firm: _____County: _____

Please state nature of firm's business: _____(ex: Bank, Home Inspections, Type of Service organization)

Check one: ____ Individual Proprietorship ____ Partnership ____Corporation

Corporate Address:_____ City:_____ State:___ ZIP:_____

***Representative's Name: _____Title: _____**

<u>Representative's Main Contact information</u>:

Representative Mailing Address:_____ City: _____ State: ___ ZIP: _____

Phone #_____ FAX #:_____ Cell and/or Pager# #:_____

Representative's Email Address: _____

Do you, as representative for your firm, hold a current Michigan license as a Real Estate Broker, Sales Agent or Appraiser ? ____Y ____N If your answer is Yes, please state your license number:_____ and state the purpose for holding the license and how it relates to your membership.

_____

Do you hold membership in any other REALTOR® Board/Association in Michigan? ____Y _____N
If yes, please state name of Board and membership classification (Primary or Affiliate):

_____

Do you (individually) pay dues to Michigan Association of REALTORS® or National Association of REALTORS® through another Board? ____Y ____N

Does your firm have an Internet Home Page? ____Y ____N If so, please state URL for that site.

_____

_____ _____
(Signature) (Date)