Application for Affiliate Membership in the

Northwest Iowa Regional Board of REALTORS®

	Date.
	sions of the Bylaws of the Northwest Iowa Regional Board of e application for affiliate membership.
For your consideration I sub	mit the following information:
Name:	
Address:	
Zip code:	Telephone:
Cell Phone:	
Name of Firm:	
Address:	
Zip code:	Telephone:
Fax:	Email Address:
Name as you want it to appe	ear on the membership roster:
Your position with the firm:	
	in any other real estate association, or have you previously been a te association? [] Yes [] No If yes, name each association, nip.
Have you ever been convicte	ed of a felony?
[] Yes [] No (If y	es, please provide details as an attachment.)
You are authorized to refer t	o the following members of this association who know me:
Name:	Phone:

I agree that, if accepted for membership in the association, I shall pay the fees and dues as established. If at any time your affiliate membership is deemed to be in conflict with Northwest Iowa Regional Board of REALTORS® policies, direction or mission statement, your membership can be expelled or we can reject your application.

I hereby certify that the foregoing information furnished by me is true and correct, and I agree that failure to provide complete and accurate information as requested, or any misstatement of fact, shall be grounds for revocation of my membership if granted.

Date:	Signed:		
		Applicant	
One form of personal identification	on has been received.		
Date:	Signed:		
	•	Executive Officer	